



Application for Construction (Generic Permit Application)

Form # BFS0002 A
Revised: 8/9/18

Building & Fire Safety Division – Yakima County Public Services

DATE: _____

APPLICANT TO COMPLETE (Use WWW.YAKIMAP.COM for assistance)	
Tax Parcel Number Example: R 18 T 13 S 14 - 12345	
Name of Short Plat, Subdivision, or Manufactured Home Park	Lot or Space #

<small>OFFICE USE ONLY Fill in / Circle as applicable</small>	
Land Use / Zoning: _____	Case: BLD
UGA _____ CAO/Shoreline _____	
Overlay: Airport / Greenway / Floodplain	
Sewer _____ Septic Clearance / As-Built _____	
Potable Water: _____ N/A or Exempt _____	LAND USE
Purveyor _____ YCWRs Well _____	WRS
FAAR _____ WUI-FD _____ M / H / E _____	PC

Job site address: _____ **City:** _____

Below – Check the Boxes / Circle as appropriate and provide a detailed description of the Project / Scope of Work:

<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use <input type="checkbox"/> Demolition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Relocate <input type="checkbox"/> Re-roof <input type="checkbox"/> Remodel <input type="checkbox"/> Swimming Pool <hr/> AGRICULTURAL <input type="checkbox"/> Barn <input type="checkbox"/> Equipment storage <input type="checkbox"/> Hay Storage <input type="checkbox"/> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">RESIDENTIAL</th></tr> <tr><td colspan="2"># of Units _____</td></tr> <tr><td><input type="checkbox"/> Accessory Dwelling Unit</td><td></td></tr> <tr><td><input type="checkbox"/> Carport</td><td></td></tr> <tr><td><input type="checkbox"/> Deck / Balcony</td><td></td></tr> <tr><td><input type="checkbox"/> Garage</td><td></td></tr> <tr><td><input type="checkbox"/> Patio/Porch/Gazebo</td><td></td></tr> <tr><td><input type="checkbox"/> _____</td><td></td></tr> <tr><th colspan="2" style="text-align: center;">Number of BEDROOMS</th></tr> <tr><td style="text-align: center;">EXISTING</td><td style="text-align: center;">TOTAL</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><th colspan="2" style="text-align: center;">Number of BATHROOMS</th></tr> <tr><td>_____</td><td>_____</td></tr> </table>	RESIDENTIAL		# of Units _____		<input type="checkbox"/> Accessory Dwelling Unit		<input type="checkbox"/> Carport		<input type="checkbox"/> Deck / Balcony		<input type="checkbox"/> Garage		<input type="checkbox"/> Patio/Porch/Gazebo		<input type="checkbox"/> _____		Number of BEDROOMS		EXISTING	TOTAL	_____	_____	Number of BATHROOMS		_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">COMMERCIAL / INDUSTRIAL</th></tr> <tr><td><input type="checkbox"/> CA Cold Atmosphere</td><td></td></tr> <tr><td><input type="checkbox"/> CS Cold Storage</td><td></td></tr> <tr><td><input type="checkbox"/> Church</td><td></td></tr> <tr><td><input type="checkbox"/> Educational</td><td></td></tr> <tr><td><input type="checkbox"/> Factory</td><td></td></tr> <tr><td><input type="checkbox"/> Hospital/Clinic/Medical</td><td></td></tr> <tr><td><input type="checkbox"/> Institutional</td><td></td></tr> <tr><td><input type="checkbox"/> Office</td><td></td></tr> <tr><td><input type="checkbox"/> Packing Facility</td><td></td></tr> <tr><td><input type="checkbox"/> Restaurant / Bar / Lounge</td><td></td></tr> <tr><td><input type="checkbox"/> Storage</td><td></td></tr> <tr><td><input type="checkbox"/> Theater/Stage</td><td></td></tr> <tr><td><input type="checkbox"/> _____</td><td></td></tr> </table>	COMMERCIAL / INDUSTRIAL		<input type="checkbox"/> CA Cold Atmosphere		<input type="checkbox"/> CS Cold Storage		<input type="checkbox"/> Church		<input type="checkbox"/> Educational		<input type="checkbox"/> Factory		<input type="checkbox"/> Hospital/Clinic/Medical		<input type="checkbox"/> Institutional		<input type="checkbox"/> Office		<input type="checkbox"/> Packing Facility		<input type="checkbox"/> Restaurant / Bar / Lounge		<input type="checkbox"/> Storage		<input type="checkbox"/> Theater/Stage		<input type="checkbox"/> _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">OTHER</th></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> </table>	OTHER		_____		_____		_____		_____		_____		_____		_____		_____	
RESIDENTIAL																																																																											
# of Units _____																																																																											
<input type="checkbox"/> Accessory Dwelling Unit																																																																											
<input type="checkbox"/> Carport																																																																											
<input type="checkbox"/> Deck / Balcony																																																																											
<input type="checkbox"/> Garage																																																																											
<input type="checkbox"/> Patio/Porch/Gazebo																																																																											
<input type="checkbox"/> _____																																																																											
Number of BEDROOMS																																																																											
EXISTING	TOTAL																																																																										
_____	_____																																																																										
Number of BATHROOMS																																																																											
_____	_____																																																																										
COMMERCIAL / INDUSTRIAL																																																																											
<input type="checkbox"/> CA Cold Atmosphere																																																																											
<input type="checkbox"/> CS Cold Storage																																																																											
<input type="checkbox"/> Church																																																																											
<input type="checkbox"/> Educational																																																																											
<input type="checkbox"/> Factory																																																																											
<input type="checkbox"/> Hospital/Clinic/Medical																																																																											
<input type="checkbox"/> Institutional																																																																											
<input type="checkbox"/> Office																																																																											
<input type="checkbox"/> Packing Facility																																																																											
<input type="checkbox"/> Restaurant / Bar / Lounge																																																																											
<input type="checkbox"/> Storage																																																																											
<input type="checkbox"/> Theater/Stage																																																																											
<input type="checkbox"/> _____																																																																											
OTHER																																																																											

SIZE / DIMENSIONS	SQUARE FOOTAGE	OCCUPANCY	TYPE OF CONSTRUCTION																																																																								
_____	_____	A B E F	IA IB IVA IVB																																																																								
_____	_____	H I M	IIA IIB VA VB																																																																								
_____	_____	R R1 R2 R3	IIIA IIIB																																																																								
_____	_____	S U																																																																									

Scope of Work:

Construction Valuation (Contractor Estimate) \$

Fill in ALL sections with people that are associated with this project (continued on page 2)

<input type="checkbox"/>	Property Owner:	Day Phone:
--------------------------	-----------------	------------

← CHECK IF YOU ARE ACTING AS YOUR OWN CONTRACTOR – (Signature required at declaration at bottom of second page)

Mailing Address: _____

City, State, ZIP: _____

E-mail: _____

Owners Signature:	Date:
-------------------	-------

<input type="checkbox"/>	Contractor Name:	Day Phone:
	Company Name:	
	Mailing Address:	
	City, State, ZIP:	
	E-mail:	
	Contractor License #: <small>(Required)</small>	Expiration Date:
	Signature:	Date:

<input type="checkbox"/>	Architect / Engineer / Surveyor:	Day Phone:
	Company Name (if any):	
	Address, City, State, ZIP:	
	E-mail:	
	Professional License No.:	Expiration Date:
	Signature:	Date:

<input type="checkbox"/>	Applicant / Agent / Consultant:	Day Phone:
	Company Name (if any):	
	Address, City, State, ZIP:	
	E-mail:	
	Signature:	Date:

This Section To Be Completed For Construction Permits Only

Pursuant to RCW 19.27.095 (2)(i-ii) The requirements for a fully completed construction application shall include:

- i. The name, address, and phone number of the office of the lender administering the interim construction financing, if any: OR
- ii. The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project.

If for any reason the information requested below is not available at the time of application, the applicant shall provide the information as soon as it can be reasonably be obtained.

<input type="checkbox"/>	Lending Agency Name:	Phone:	
	Mailing Address:	City:	State: ZIP:
	<input type="checkbox"/> I acknowledge by checking this box that this project has no lending agency for construction financing.		

<input type="checkbox"/>	Bonding Agency Name:	Phone:	
	Mailing Address:	City:	State: ZIP:
	<input type="checkbox"/> I acknowledge by checking this box that this project has no bonding agency.		

If you are the Property Owner and Acting As Your Own Contractor, please complete the following declaration:

- I acknowledge that I am applying for a permit thru the Yakima County Public Services Department.
- I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated.
- I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) _____ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Owner Signature _____ Date: _____