



Yakima County Development Services Center  
**CONSTRUCTION PROJECT COVER SHEET**  
 Yakima County Public Services Department  
 128 N. 2<sup>nd</sup> Street, 4<sup>th</sup> Floor Courthouse, Yakima, WA 98901  
 Ph: (509) 574-2300 Fax: (509) 574-2301

**Project Parcel Number(s):**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**For Official Use Only:**

**Project#:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Case Number(s):** \_\_\_\_\_ **Zoning:** \_\_\_\_\_  
 \_\_\_\_\_ **CAO:** \_\_\_\_\_  
 \_\_\_\_\_  
**PC:** \_\_\_\_\_ **Intake:** \_\_\_\_\_

**Provide a detailed description of the project:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(additional sheets may be attached for the descriptions)

**Applicant Information: Check One Box to Designate a Main Contact Person; fill in all other sections with persons associated with this project.**

The property owner(s) or agent, by signing this form, hereby certify to the best of their knowledge and under penalty of perjury that they are the legal owners of the property, have reviewed the proposal as presented in the application, validate that it depicts an accurate and true description of the project proposed and wish to pursue the described project. Any change to the intent of the proposal project description must be submitted and reviewed prior to project issuance.

**Architect/ Engineer/ Surveyor:** \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Company (if any): \_\_\_\_\_

Address: \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Professional License No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant/ Agent/ Consultant:** \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Company (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Property Address (If different): \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Day Phone: (     ) \_\_\_\_\_

Company (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contractor License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Signature:* \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ Day Phone: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Site Address if different: \_\_\_\_\_ City: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Signature:* \_\_\_\_\_ Date: \_\_\_\_\_

If there are additional property owners, provide an attachment in the same format and with the same declaration.

**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.

Lending Agency Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I acknowledge by checking this box that this project has no lending agency for construction financing.

Bonding Agency Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I acknowledge by checking this box that this project has no bonding agency.

**If you are applying for a permit as an owner and acting as your own contractor, please complete the following declaration:**

I acknowledge that I am applying for a construction permit thru the Yakima County Development Services Center. 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