



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health
615 W Alder St., Bldg 8, Shelton, WA 98584
Shelton Phone: (360) 427-9670 ext 352 ❖ Fax (360) 427-7798

ADDITIONAL INFORMATION FOR SHORELINE ADU

(Shoreline Substantial Development Permit with ADU criteria)

Permit and Fees:

Shoreline Substantial Development (SHR) - application fee: \$ _____

**If ADU is within 200' of a shoreline: a Shoreline Substantial Development Permit is required with signed publication notice, AND a list of property owners' names and addresses within 300' of property lines.*

- Environmental Health Fee: \$ _____

The Washington State Shoreline Management Act (RCW 90.58) requires that substantial developments within designated shorelines of the state comply with its administrative procedures (WAC 173-14) and the provisions of the Mason County Shoreline Management Master Program. The purpose of this Act and local program is to protect the state's shoreline resources. The program requires that substantial development (any development of which the total cost or fair market value exceeds \$7,047.00 or materially interferes with the normal public use of the water or shorelines of the State be reviewed with the goals, policies, and performance standards established in the Master Program.

Answer all questions completely. Attach any additional information that may further describe the proposed development. Incomplete applications will be returned.

SITE PLAN CHECK-LIST Please provide/attach a site plan that includes the following:

- Indicate Scale and North Arrow.
- Property line dimensions, easements, and right-of-ways.
- The location of all existing and proposed structures. Include square footage of existing and proposed structures
- Setback distance, in feet from all property lines and structures.
- Existing and proposed road access to and from the site.
- Parking spaces.
- Location of Onsite Sewage System (OSS) components (including tanks, drainfields, reserve areas, etc.)
- Location of existing and proposed wells, within 100ft. of property, shown with 100ft. radius.

- Location of existing and proposed waterlines.
- Steep bluffs, wetlands, streams, and bodies of water.
- Surface and storm water run-off routes.

Mason County Code Title 17.03.029 requires the following criteria to be met for consideration of an Accessory Dwelling Unit (ADU) Permit:

ACCESSORY DWELLING UNIT (ADU) REQUIREMENTS	YES	NO	INFORMATION
1. Is the ADU in a shoreline jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	
1(a) Are you in the Flood Plain?	<input type="checkbox"/>	<input type="checkbox"/>	Please inquire with Mason County Community Services staff, if unsure.
2. Will the owner of the lot reside in either the principal residence or the ADU?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Will the ADU be located within 150 feet of the principal residence or will the ADU be a conversion of an existing structure (i.e. garage)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. The ADU cannot exceed 80 percent of the habitable area of the primary residence, or 1000 sq. ft., whichever is smaller. Will your proposed ADU meet this criteria?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Will the ADU meet all setback requirements?	<input type="checkbox"/>	<input type="checkbox"/>	Please inquire with Mason County Community Services staff, if unsure.
6. Will all applicable health district standards for water and sewer be met by the ADU?	<input type="checkbox"/>	<input type="checkbox"/>	Water/Well Permit and sewer/septic approval must be met before planning/building review.
7. Recreational vehicles are not allowed as ADUs. Please confirm (with YES) that you are not submitting a Recreational vehicle for review.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Your property will only have one (1) ADU?	<input type="checkbox"/>	<input type="checkbox"/>	
9. You have provide an additional off-street parking space for the ADU?	<input type="checkbox"/>	<input type="checkbox"/>	

(Ord. 108-05 Attach B. (part), 2005)

On a separate piece of paper (# of pages: _____), state your reasons for requesting an Accessory Dwelling Permit and be sure to address the following six criteria. Your request will be evaluated based on these criteria and the Accessory Dwelling Unit Requirements from the previous section.

1. Will the proposed use be detrimental to public health, safety, and welfare?
2. Will the proposed use be consistent and compatible with the intent of the Comprehensive Plan?

3. Will the proposed use introduce hazardous conditions, at the site, that cannot be mitigated through appropriate measures to protect adjacent properties and the community at large?

4. Is the proposed use served by adequate public facilities, which are in place, planned as a condition of approval or as an identified item in the County's Capital Facilities Plan?

5. Will the proposed use have a significant impact upon existing uses on adjacent lands?

6. If located outside of an Urban Growth Area, will the proposal result in the need to extend urban services?

Applicant's Signature: _____ **Date:** _____

Applicant is to provide pre-addressed envelopes or mailing labels to apply to envelopes of adjacent property owners' **MAILING ADDRESSES** within 300 feet of property boundaries for notification

EXAMPLE:
John Smith
555 E Smith Dr
Shelton, WA 98584

Jane Doe
PO Box 000
Olympia, WA 98502

EXAMPLE: Measure 300' around perimeter GIS
Map, provide mailing labels for all property owners within area.

