MASON COUNTY COMMUNITY SERVICES
PERMIT ASSISTANCE CENTER:
• BUILDING • PLANNING • PUBLIC HEALTH • FIRE MARSHAL
615 W. Alder Street, Shelton, WA 98584
Phone Shelton: (360)427-9670 ext. 352 • Fax: (360)427-7798 Phone
Belfair: (360)275-4467 • Phone Elma: (360)482-5269

Permit No:_____

BUILDING PERMIT APPLICATION

PROPERTY OWNER INFORMATION:

NAME:_____
MAILING ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
PHONE #1:_____
PHONE #2:_____
EMAIL:_____

CONTRACTOR INFORMATION:

NAME:_____
MAILING ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
PHONE:_____ CELL: _____
EMAIL :_____
L&I REG #_____ EXP. ___/___/___

PRIMARY CONTACT:

OWNER ☐ **CONTRACTOR** ☐ **OTHER** ☐
NAME _____ EMAIL _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP_____
PHONE _____ CELL _____

PARCEL INFORMATION:

PARCEL NUMBER (12 Digit Number) _____ ZONING_____
LEGAL DESCRIPTION (Abbreviated) _____ FIRE DISTRICT_____
SITE ADDRESS_____CITY_____
DIRECTIONS TO SITE ADDRESS _____
_____

IS THE PROJECT WITHIN 300 FT OF SLOPE(S) **GREATER THAN 14%:** YES☐ NO ☐ **SNOW LOAD:**____psf
IS PROPERTY WITHIN 200 FT OF THE FOLLOWING: *(Check all that apply)*:
SALTWATER ☐ LAKE ☐ RIVER/CREEK ☐ POND ☐ WETLAND ☐ SEASONAL RUNOFF ☐ STREAM ☐

TYPE OF WORK:

NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ OTHER ☐_____

USE OF STRUCTURE *(Residence, Garage, Commercial Bldg, Etc.)*_____
IS USE: PRIMARY ☐ SEASONAL ☐ NUMBER OF BEDROOMS_____ NUMBER OF BATHROOMS_____
HEATED STRUCTURE? YES *(Whole Bldg)* ☐ YES *(Part[s] of Bldg)* ☐ NO ☐
DESCRIBE WORK_____

SQUARE FOOTAGE: *(proposed)*

1ST FLOOR_____ sq. ft. 2ND FLOOR_____ sq. ft. 3RD FLOOR_____ sq. ft. BASEMENT_____ sq. ft.
DECK_____ sq. ft. COVERED DECK_____ sq. ft. STORAGE_____ sq. ft. OTHER_____ sq. ft.
GARAGE_____ sq. ft. *Attached* ☐ *Detached* ☐ CARPORT_____ sq. ft. *Attached* ☐ *Detached* ☐

MANUFACTURED HOME INFORMATION:

4 COPIES OF THE FLOOR PLAN REQUIRED

MAKE_____ MODEL_____ YEAR_____ LENGTH_____
WIDTH_____ BEDROOMS_____ BATHS_____ SERIAL NUMBER_____

ENVIRONMENTAL HEALTH:

SEWAGE/SEWER SOURCE: SEPTIC ☐ SEWER ☐ / NEW ☐ EXISTING ☐
PLUMBING IN STRUCTURE? YES ☐ NO ☐ *If yes, attach completed Water Adequacy Form*
PERIMETER/FOUNDATION DRAINS PROPOSED? YES ☐ NO☐ EXISTING SQ. FT. _____
EXISTING BEDROOMS _____ PROPOSED BEDROOMS _____ TOTAL BEDROOMS _____

OWNER acknowledges that submission of inaccurate information may result in a stop work order or permit revocation. Acknowledgement of such is by signature below. I declare that I am the owner and I further declare that I am entitled to receive this permit and to do the work as proposed. I have obtained permission from all the necessary parties, including any easement holder or parties of interest regarding this project. The owner or legal representative, represents that the information provided is accurate and grants employees of Mason County access to the above described property and structure(s) for review and inspection. This permit/application becomes null & void if work or authorized construction is not commenced within 180 days or if construction work is suspended for a period of 180 days.

PROOF OF CONTINUATION OF WORK ON THIS PERMIT IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS OF MORE WILL CAUSE THE APPLICATION TO BE EXPIRED. (MASON COUNTY CODE 14.08.42)

X_____ _____
Signature of **OWNER** (**Must be signed by the OWNER**) Date

DEPARTMENTAL REVIEW	APPROVED	DATE	DENIED	DATE	TAGS/NOTES/CONDITIONS
BUILDING DEPARTMENT					
PLANNING DEPARTMENT					
FIRE MARSHAL					
PUBLIC HEALTH					