



MASON COUNTY COMMUNITY DEVELOPMENT

Permit No: _____

Permit Assistance Center, Building, Planning

BUILDING PERMIT APPLICATION

<p><u>PROPERTY OWNER INFORMATION:</u></p> <p>NAME: _____ MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE #1: _____ PHONE #2: _____ EMAIL: _____</p>	<p><u>CONTRACTOR INFORMATION:</u></p> <p>NAME: _____ MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CELL: _____ EMAIL: _____ L&I REG # _____ EXP. ____/____/____</p>
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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					