



**MASON COUNTY**  
**DEPARTMENT OF COMMUNITY SERVICES**  
*BUILDING • PLANNING • FIRE MARSHAL*

(360) 427-9670 Shelton ext.352  
 (360) 275-4467 Belfair ext. 352  
 (360) 482-5269 Elma ext. 352

Mason County Bldg. 8  
 615 W. Alder Street, Shelton, WA 98584

[www.co.mason.wa.us](http://www.co.mason.wa.us)

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**CHANGE IN TENANT APPLICATION**

**PROPERTY INFORMATION**

Date:	Assessor's Parcel Number:
Legal Description:	
Building Site Address:	

**APPLICANT INFORMATION**

Name of Applicant:		
Mailing address:		
City:	State:	Zip:
Day phone:	Contact Person:	Message phone:

**PROJECT INFORMATION**

Proposed business name:	
Proposed use:	Number of employees:
Previous business name:	Describe previous use:

**STRUCTURE DETAILS**

Check one:		<input type="radio"/> Detached single level/ single tenant	<input type="radio"/> Single level/ multi tenant
		<input type="radio"/> Multi level/ single tenant	<input type="radio"/> Multi level/multi tenant
Age of structure:	<b>Is structure currently occupied?</b> Yes No	If not occupied, how long has it been vacant? Yr. Mo.	
Square footage:	Basement:	First:	Mezzanine: Second: Third:
Is the structure heated?	Type of Heat: Circle one:	Furnace	Heat Pump Electric wall Radiant
<b>Circle one:</b> Yes No	Fuel type: <b>Circle one:</b>	Electric	Liquid Propane Natural Gas Oil
<b>Will there be any changes to the following? Circle yes or no, if applicable:</b>			
Floor lay-out:	Yes No	Lighting:	Yes No Heating: Yes No
Exterior Finishes:	Yes No	Interior Finishes:	Yes No Parking: Yes No
Number of restrooms provided:	Number of fixtures in each: Water Closets Lavatories Bath/Shower		
Is structure handicap accessible?	Entry: Yes No	Restroom(s): Yes No	
Is the structure equipped with a fire sprinkler system?	Yes No	Fire alarm system? Yes No	
Monitoring Station Name:	Phone number:		

**APPLICATION WILL NOT BE ACCEPTED WITHOUT:**

**Floor Plan (5 sets):**

- Draw the floor plan to scale
- Room Dimensions
- Location of plumbing and mechanical fixtures
- Interior doors with swing radius
- Use of rooms
- Location of all exits and windows (include dimensions, counters, tables, shelving, benches, fire exits and exit signs).

**Site Plan (1): Note scale used**

- Property lines, easements, & right of ways
- Distance, in feet, from property line & structures
- On-site sewage tanks and drain fields, & reserve
- Location of fire hydrants & vehicle access roads
- Parking areas (number & arrangement)
- Location of all existing structures & dimensions
- Location of all existing structures & dimensions
- Landscape buffer yards
- Well location

Continued on back

**If construction or remodeling is proposed an additional Building Permit and construction documents/drawings may be required.**

**After permit issuance and compliance to all conditions is complete,  
schedule an inspection by calling  
360.427.9670 ext. 352**

OWNER / BUILDER acknowledges 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, owners legal representative, or contractor. 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 authorized agent 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 IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS WILL INVALIDATE THE APPLICATION.**

X \_\_\_\_\_  
Signature of Applicant Date

X \_\_\_\_\_  
Print Name

Owner/Owners Representative/Contractor  
 (circle to indicate which one)

**Official Use Only**

Accepted by \_\_\_\_\_ Date \_\_\_\_\_ Submittal Amount \$ \_\_\_\_\_ Receipt number \_\_\_\_\_

<i>Department Review</i>	<i>Initials</i>	<i>Date</i>	<i>Comments</i>
<b>Building</b>			
<b>Fire Marshal</b>			
<b>Planning</b>			

Occupancy Change? (circle one)      Yes      No

Land Use Designation: \_\_\_\_\_

Occupancy classification change from \_\_\_\_\_ to \_\_\_\_\_

New occupant load calculated: \_\_\_\_\_ persons

Existing occupant load design \_\_\_\_\_ persons.

Type of construction \_\_\_\_\_