



MASON COUNTY COMMUNITY DEVELOPMENT

Permit Assistance Center, Building, Planning

RECIEVED:

PERMIT NO: _____

SHORELINE ADDITIONAL DWELLING UNIT

(Shoreline Substantial Development Permit with ADU criteria)

Permit and Fees:

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

Environmental Health Fee: \$ _____

Shoreline development in Mason County must conform with the Mason County Shoreline Master Program. The program requires that substantial development (any development of which the total cost or fair market value exceeds \$8,504.00 or materially interferes with the normal public use of the water or shorelines of the State) be reviewed with the goals, polices, 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.**

Applicant(s) Name: _____

Mailing Address: _____

Phone: _____ **E-mail:** _____

Property Owners Name: *(if different than applicant)* _____

Site Address: _____

Parcel Number: _____

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 on the lot of the principal residence or be a conversion of an existing detached structure (i.e. garage);	<input type="checkbox"/>	<input type="checkbox"/>	
4. The ADU shall not exceed 80% of the habitable area of the primary residence or 1,200sq feet, whichever is smaller. An existing residence can be converted to an ADU with the development of a new primary residence, the ADU shall be no more than 80% of the area of the primary residence and up to 1,500sq ft. 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?**

ACKNOWLEDGMENT: I hereby declare, to the best of my knowledge and belief, the forgoing information and all attached information is true and correct.

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		

