



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N 6th Street, Bldg 8, Shelton WA 98584,
Shelton: (360) 427-9670 ext 400 ❖ Belfair: (360) 275-4467 ext 400 ❖ Elma: (360) 482-5269 ext 400
FAX (360) 427-7787

Application for Waiver/Appeal

Amount Paid: _____

Receipt Number: _____

Instructions

1. Complete Parts 1 and 2. No determination can be made until these parts are fully completed.
2. Fees may be billed for waivers and appeals, based on the Environmental Health Fee Schedule.
3. Submit completed application with attachments to Mason County Public Health for review.

PART 1. Applicant/Parcel Identification

Name of Applicant _____ Telephone _____

Mailing Address of Applicant _____

City _____ State _____ Zip _____

12-digit Tax Parcel No. _ _ _ _ _ -- _ _ -- _ _ _ _ _

Site Address _____

Subdivision Name and Lot _____

PART 2: Nature of Waiver/Appeal

- | | |
|--|---|
| <input type="checkbox"/> Class B Reduction in Vertical | <input type="checkbox"/> Contractor Certification Requirements (Installer, Pumper, O&M Specialists) |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Food Sanitation Requirements |
| <input type="checkbox"/> Building Permit Review Policies | <input type="checkbox"/> Group B Water System Regulations |
| <input type="checkbox"/> Location, WAC 246-272A-0210 | <input type="checkbox"/> Water Adequacy Requirements |
| <input type="checkbox"/> Holding Tank WAC 246-272A-0240 | <input type="checkbox"/> Enforcement Timelines |
| <input type="checkbox"/> Mason County Onsite Standards | <input type="checkbox"/> Departmental Determinations |
| | <input type="checkbox"/> Other |

Description of Waiver/Appeal (include justification, additional material may be attached.):

Applicant Signature: _____ Date: _____

