

BUILDING PERMIT APPLICATION

426 W. Cedar • P.O. Box 186, Shelton, WA 98584

Shelton (360) 427-9670 • Belfair (360) 275-4467 • Elma (360) 482-5269

On the web www.co.mason.wa.us

APPLICANT INFORMATION Owner _____ Mailing Address _____ City _____ State _____ Zip Code _____ Phone _____ Other Ph. _____ Lien/ Title Holder _____ E mail address _____ Drivers Lic. # _____ DOB _____	CONTRACTOR INFORMATION Company Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Phone _____ Other Ph. _____ Contractor Reg. # _____ Exp. _____ E Mail Address _____ Drivers Lic. # _____ DOB _____
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SEPTIC / WATER SYSTEM INFORMATION - Connect to New Septic _____ Existing Septic _____
 Connect to Water System _____ Name of Water System _____
 Well _____ Water System _____ Name of Water System _____

PARCEL INFORMATION - 12 Digit Parcel No. _____ Fire District _____
 Legal Description _____
 Site Address (Please include street name, street number and city) _____
 Directions to site _____
 Will timber be cut and sold in parcel preparation? Yes / No _____
 Is property within 200' of Saltwater _____ Lake _____ River / Creek _____ Pond _____
 Wetland _____ Seasonal Runoff _____ Stream _____ Slopes or Bluffs > 15% _____

Is this permit submittal the result of a Stop Work Notice, Correction Notice or other enforcement action? Yes/No

TYPE OF JOB - New Add Alt Repair Other PRIMARY RESIDENCE SEASONAL
 Use of Building _____ Describe Work _____
 No. of Bedrooms _____ No. of Bathrooms _____ Square Footage - 1st Floor _____ 2nd Floor _____
 3rd Floor _____ Basement _____ Deck _____ Covered Deck _____ Other _____ Sq. ft. _____
 Garage _____ Attached _____ Detached _____ Carport _____ Attached _____ Detached _____

MANUFACTURED HOME INFORMATION - Make _____ Model _____ Year _____
 Length _____ Width _____ Serial No. _____ No. of Bedrooms _____ No. of Bathrooms _____
 Type of Heat _____ Purchase Price \$ _____ Replacement Unit? Yes / No _____
 Installer Name _____ Certification No. _____

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 the contractor. I further declare that I am entitled to receive this permit and to do the work as proposed in the application. I declare that I have obtained the permission from all the necessary parties. If permission is required from any easement holder or any other party in interest regarding this application or the work proposed in the application, I have obtained permission from them to apply for this permit and conduct the work proposed. The owner or agent on owners behalf, represents that the information provided is accurate and grants employees of Mason County access to the above described property and structure for review and inspection.

PROOF OF CONTINUATION OF WORK IS BY MEANS OF A PROGRESS INSPECTION.
 X _____ Date: _____
 Owner / Owners Representative / Contractor (indicate which one)

FOR OFFICIAL USE BEYOND THIS POINT Accepted by: _____ Date _____

DEPARTMENTAL REVIEW	APPROVED	DENIED	NOTES
Building Department			
Planning Department			
Environmental Health Department			
Public Works Department			
Fire Marshal			

FEES			
Building Permit Fee		Site Inspection	
Plan Review Fee		EH Review Fee	
Plumbing & Base Fee		Planning Review Fee	
Mechanical & Base fee		Other	
Wood / Gas / Pellet Stove Fee		State Fee	
Violation Fee		Pre-Paid at Submittal	
Valuation \$		TOTAL FEES	