



MASON COUNTY COMMUNITY SERVICES

PERMIT ASSISTANCE CENTER:

• BUILDING • PLANNING • FIRE MARSHAL

615 W. Alder St - Shelton, WA 98584

Phone: 360-427-9670 ext. 352 Fax: 360-427-7798

http://www.co.mason.wa.us/community_dev/

Permit No: _____

Recv'd:

BUILDING PERMIT APPLICATION

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

NAME: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CELL: _____

EMAIL: _____

PARCEL INFORMATION:

PARCEL NUMBER (12 DIGIT NUMBER) _____ ZONING _____

LEGAL DESCRIPTION(ABBREVIATED) _____ FIRE DISTRICT _____

SITE ADDRESS _____ CITY _____

DIRECTIONS TO SITE ADDRESS _____

IS PROPERTY WITHIN 200 FT: (Check all that apply):

SALTWATER LAKE RIVER/CREEK POND WETLAND SEASONAL RUNOFF STREAM

IS THE PROJECT WITHIN 300 FT OF SLOPE(S) GREATER THAN 14% YES NO

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:

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 _____

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 or owner's legal representative. 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 IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS WILL CAUSE THE APPLICATION TO BE EXPIRED. (MASON COUNTY CODE 14.08.42)

X _____ Date _____

Signature of **OWNER**

DEPARTMENTAL REVIEW	APPROVED	DATE	DENIED	DATE	TAGS/NOTES/CONDITIONS
BUILDING DEPARTMENT					
PLANNING DEPARTMENT					
FIRE MARSHAL					
PERMIT SPECIALISTS	Intake By: _____		Approved & Ready for Pick-Up:		