

**MASON COUNTY  
LAND MODIFICATION PERMIT APPLICATION**

426 W. Cedar/P.O. Box 186, Shelton, WA 98584  
Shelton (360)427-9670 Belfair (360)275-4467 Elma (360)482-5269 Seattle (206)464-6968

APPLICANT INFORMATION	CONTRACTOR INFORMATION
Owner _____	Contractor Name _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone(_____) Other Ph.(_____) _____	Ph.(_____) Other Ph.(_____) _____
Lien/Title Holder _____	Contractor Reg. # _____
Address _____	Expiration ____/____/____

ENGINEER INFORMATION	
Name _____	Phone (_____) _____
Address _____	State _____ Zip Code _____

<b>PARCEL INFORMATION</b> -12 digit Tax Parcel No. _____ / _____ / _____ Fire District _____
Legal Description _____
Site Address(include street name and city) _____
Directions to site: _____
Will timber be cut and sold in parcel preparation? (Yes/No) _____
Is your property within 200' of the following: Body of Water (Name) _____ Saltwater _____
Lake _____ River/Creek _____ Pond _____ Wetland _____ Seasonal Runoff _____ Stream _____ Slopes or
Bluffs _____ Soft compressible soils _____

<b>TYPE OF JOB</b> - Excavation _____ Filling _____ Grading _____ Total size of area _____
Size of area to be cleared on slopes over 10% _____ Estimated amount of cubic yards _____
Describe Work _____

**LAND MODIFICATION INFORMATION**

	YES	NO
Will fill be brought on site? If yes, source _____	<input type="checkbox"/>	<input type="checkbox"/>
Will excavated materials be taken off site? If yes, destination _____	<input type="checkbox"/>	<input type="checkbox"/>
Does fill contain potential hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
Has a soils report been completed on site? If yes, include copy.	<input type="checkbox"/>	<input type="checkbox"/>
Will proposal result in redirection of any surface water runoff onto adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
Will proposed work alter where storm water or ground water enters or exits the site?	<input type="checkbox"/>	<input type="checkbox"/>
Will quality, quantity or velocity of storm/ground water be altered?	<input type="checkbox"/>	<input type="checkbox"/>
Will runoff be collected/controlled by interceptors, curtain drains or other collection devices?	<input type="checkbox"/>	<input type="checkbox"/>
Will the land be replanted upon completion?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal result in slopes steeper than those currently on site?	<input type="checkbox"/>	<input type="checkbox"/>
Is the site within 200' of a designated shoreline?	<input type="checkbox"/>	<input type="checkbox"/>

**NOTICE: THIS PERMIT BECOMES NULL & VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. PROOF OF CONTINUATION OF WORK IS BY MEANS OF A PROGRESS INSPECTION. The owner or agent on owner's behalf, represents that the information provided is accurate and grants employees of Mason County access to the above described property and structures for review and inspection of this project. Acknowledgment of such is by signature below:**

**OWNER AFFIDAVIT**-I certify that I am exempt from the requirements of the Contractor Registration Law RCW 18.27 and am aware of the ordinance requirements for which this permit is issued and that all work will be done in conformance therewith. No changes shall be made without first obtaining approval.

**CONTRACTOR'S AFFIDAVIT**-I certify that I am currently registered as a contractor in the State of Washington and that I am aware of the ordinance requirements regulating the work for which this permit is issued and all work shall be done in conformance therewith. No changes shall be made without first obtaining approval.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE BEYOND THIS POINT**

Accepted by \_\_\_\_\_ Date \_\_\_\_\_ Submittal Amount Due \_\_\_\_\_ Receipt No. \_\_\_\_\_

DEPARTMENTAL REVIEW		APPROVED	DENIED	CONDITION CODES
Building Department				
Planning Department				
Public Works Department				
Fire Marshal				
FEES				
Grading Permit Fee		Site Inspection		
Plan Review Fee		Other		
Public Works Fee		Pre-Paid at Submittal	( )	
Violation Fee		<b>TOTAL FEES</b>		