

**MASON COUNTY
PLUMBING/MECHANICAL 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 INFORMATION - Connect to New Septic _____ Existing Septic _____ Connect to Sewer System _____
Name of Sewer System _____

PARCEL INFORMATION - 12 Digit Parcel No. _____ Fire District _____
Legal Description _____
Site Address (Please include street name, street number and city) _____
Directions to site _____

Is property within 200' of Saltwater _____ Lake _____ River / Creek _____ Pond _____
Wetland _____ Seasonal Runoff _____ Stream _____ Slopes or Bluffs > 15% _____

TYPE OF JOB - New _____ Add _____ Alt _____ Repair _____ Other _____ Use of Building _____
Location of Fixtures/Units - 1st Floor _____ 2nd Floor _____ Basement _____ Garage _____ Closet _____

PLUMBING FIXTURES (Show Number of each)		
Type of Fixture	No. of Fixtures	Fees
Toilets	_____	_____
Bathroom Sink	_____	_____
Bath Tubs	_____	_____
Showers	_____	_____
Water Heater	_____	_____
Clothes Washer	_____	_____
Kitchen Sinks	_____	_____
Dishwasher	_____	_____
Hosebibs	_____	_____
Other	_____	_____
Base Fee		_____
TOTAL PLUMBING		_____

MECHANICAL UNITS		
Type of Unit	No. of Units	Fees
Fuel Type: Electric _____ LPG _____ Natural Gas _____ Heat Pump _____		
Furnace	_____	_____
Heatpumps	_____	_____
Spot Vent Fan	_____	_____
Propane Tank	_____	_____
Gas Outlets	_____	_____
Wood/Gas/Pellet Stove	_____	_____
Kitchen Exhaust Hood	_____	_____
Dryer Vent	_____	_____
Other	_____	_____
Base Fee		_____
TOTAL MECHANICAL		_____

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: _____ Planning Pd _____ Ck# _____ Date _____ Bld Pd _____ Receipt No. _____

DEPARTMENTAL REVIEW	APPROVED	DENIED	NOTES
Building Department			
Occ Group _____ Type Constr. _____			
Planning Department			
Environmental Health Department			

FEES			
Plumbing & Base Fee		Site Inspection	
Mechanical & Base fee		UFC Plan Review Fee	
Wood / Gas / Pellet Stove Fee		Other	
Violation Fee		TOTAL FEES	