



MASON COUNTY COMMUNITY SERVICES

Permit No: _____

PERMIT ASSISTANCE CENTER:

• BUILDING • PLANNING • FIRE MARSHAL

615 W. Alder St - Shelton, WA 98584

www.co.mason.wa.us

Phone Shelton: (360)427-9670 ext. 352 • Fax: (360)427-7798

Phone Belfair: (360)275-4467 • Phone Elma: (360)482-5269

PLUMBING & MECHANICAL PERMIT APPLICATION

| | |
|---|---|
| <p><u>OWNER INFORMATION:</u> NAME: _____ MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ 1st PHONE: _____ 2nd PHONE: _____ EMAIL: _____</p> | <p><u>CONTRACTOR INFORMATION:</u> NAME: _____ MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CELL: _____ EMAIL : _____ L&I REG # _____ EXP. ___/___/___</p> |
|---|---|

PARCEL INFORMATION:
PARCEL NUMBER (12 Digit Number): _____ Zoning: _____
LEGAL DESCRIPTION (Abbreviated): _____
SITE ADDRESS: _____ CITY: _____
DIRECTIONS TO SITE ADDRESS: _____

TYPE OF JOB:
NEW _____ ADD _____ ALT _____ REPAIR _____ OTHER _____ USE OF BUILDING _____
LOCATION OF FIXTURES/UNITS – 1ST FLOOR _____ 2ND FLOOR _____ BASEMENT _____ GARAGE _____ OTHER _____

| PLUMBING FIXTURES (SHOW NUMBER OF EACH) | | | MECHANICAL UNITS | | |
|--|------------------------|-------------|--|-------------------------|---------------------|
| <u>Type of Fixture</u> | <u>No. of Fixtures</u> | <u>Fees</u> | Fuel Type: Electric _____ LPG _____ Natural Gas _____ Ductless _____ | <u>Type of Unit</u> | <u>No. of Units</u> |
| Toilets | _____ | _____ | | Furnace | _____ |
| Bathroom Sink | _____ | _____ | | Heat Pump | _____ |
| Bath Tubs | _____ | _____ | | Spot Vent Fan | _____ |
| Showers | _____ | _____ | | Propane Tank | _____ |
| Water Heater | _____ | _____ | | Gas Outlets | _____ |
| Clothes Washer | _____ | _____ | | Wood/Gas/Pellet Stove | _____ |
| Kitchen Sinks | _____ | _____ | | Kitchen Exhaust Hood | _____ |
| Dishwasher | _____ | _____ | | Dryer Vent | _____ |
| Hose bibs | _____ | _____ | | Solar Panel | _____ |
| Other | _____ | _____ | | Other | _____ |
| | Base Fee | _____ | | Base Fee | _____ |
| | TOTAL PLUMBING | _____ | | TOTAL MECHANICAL | _____ |

OWNER acknowledge 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 contractor. 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 authorized agent 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 THIS PERMIT IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS WILL INVALIDATE THE APPLICATION.**

X _____ Date _____
Signature of Owner

| DEPARTMENTAL REVIEW | APPROVED | DATE | DENIED | DATE | TAGS/NOTES/CONDITIONS |
|---------------------|----------|------|--------|------|-----------------------|
| BUILDING DEPARTMENT | | | | | |
| PLANNING DEPARTMENT | | | | | |
| FIRE MARSHAL | | | | | |