Memo

All pre-application conference request forms must be completed and submitted to the proper departments. Please be sure to give a thorough project description. It is also important that you follow the site plan checklist to ensure that your site plan has all the information requested.

Both Applications must be completed and fees paid in full in order to schedule your meeting time.

1. Pre-Application/Dept. of Community Dev.
   426 W Cedar Street
   Shelton, WA 98584
   360.427.9670 ext. 352
   Check amount: $255.00

2. Environmental Health
   415 N 5th / PO Box 1666
   Shelton, WA 98584
   360.427.9670 ext. 400
   Check amount: $205.00

BOTH CHECKS MADE PAYABLE: MASON COUNTY TREASURER

Pre-application conferences are typically held in Mason County Building 3, located at 426 West Cedar Street, Shelton, WA 98584. When the application is submitted counter staff will note the date of the conference, time and location on the pre-application form.

Thank you
PRE-APPLICATION CONFERENCE REQUEST FORM

The purpose of the pre-submission conference is to identify and/or eliminate as many potential problems as possible in order for the project to be processed without delay. Representatives for the Fire Marshal's Office, Building Department, Environmental Health, Planning, and Public Works Departments may attend the meeting to discuss rules and regulations applicable to the proposed project. Topics covered during the meeting will include the comprehensive plan, shoreline program, zoning, availability of sewer and potable water, development concepts, building construction, fire protection and life safety concerns of the proposed project. The pre-submission conference will be most informative when you provide accurate and detailed information on the Pre-Application Conference Application Form and the site plan. Applications will be accepted when all information is received and deemed complete.

Pre-Application Conferences are held every Wednesday and last up to one hour. To schedule a meeting complete the applications and return with 6 copies of the detailed site plan, by 3:00 PM on the Wednesday two weeks prior to the proposed meeting.

| 1. Pre-Application/Dept. of Community Dev. | 2. Environmental Health |
| 426 W Cedar Street | 415 N 5th / PO Box 1666 |
| Shelton, WA 98584 | Shelton, WA 98584 |
| 360.427.9670 ext. 352 | 360.427.9670 ext. 400 |
| Check amount: $255.00 | Check amount: $205.00 |
| BOTH CHECKS MADE PAYABLE: MASON COUNTY TREASURER |

Applicant:
Name: ____________________________________________
Mailing Address: __________________________________
Daytime Telephone: __________________ Fax: __________
Email address: ____________________________________

Representative:
Name: __________________________________________
Mailing Address: __________________________________
Daytime Telephone: __________________ Fax: __________
Email address: ____________________________________

Parcel Number: (12 digits) - - -

Description of Project:
Include: 1) Square footage of structure, 2) Use of building and rooms (i.e., office, warehouse, restaurant, storage, etc), 3) Occupancy classification per IBC, Section 302.1, and construction type. 4) Provide two sets of plans, if available. Use separate sheet if necessary

Site Plan
Submit 6 copies
Include the following information

☐ Indicate Scale and North Arrow
☐ Property line dimensions, easements, and right-of-ways.
☐ The location of all existing and proposed structures. Include square footage of existing and proposed structures.
☐ Setback distance, in feet from all property lines and structures.
☐ Existing and proposed road access to and from the site.
☐ Parking sites
☐ Location of on-site sewage tanks and drainfields.
☐ Location of drinking water supply. Include location on the proposed site and surrounding parcels.
☐ Steep bluffs, wetlands, streams, and bodies of water
☐ Location of fire hydrants and emergency vehicle access roads, including grade.
☐ Surface and storm water run-off routes.
Has the project been discussed during a previous Pre-Application Conference: If yes, please indicate date.

______________________________

Will the building have employees? If yes, how many? ________________________________

What is the water availability of the proposed project? If there is an existing well, what is the name of the system? ____________________________________________________________

What is planned for the on-site sewage system? If you are proposing a new on-site system provide detail on the required site plan. ____________________________________________________________

____________________________

ADDITIONAL INFORMATION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

____________________________

APPLICABLE BUILDING CODES
2012 International Fire Code - ANSI A117
2012 International Mechanical Code – WAC 51-42
2012 Uniform Plumbing Code – WAC 51-56/51-47
Mason County Ordinance Title 14

Code changes are on a 3 year cycle; effective in July of that particular year.

Date of Conference: __________________________ Time of Conference: __________________________

Location of Conference: 426 West Cedar Street, Shelton Planner: __________________________

ext.
MASON COUNTY PUBLIC HEALTH
COMMUNITY DEVELOPMENT
ENVIRONMENTAL HEALTH REVIEW
415 N. 6th Street   PO Box 1666   Shelton, WA 98584
(360) 427-9670, Ext. 400   (360) 275-4467, Ext. 400

1. Applicant/Property Information

Applicant Name: ____________________________ Assessor's Parcel Number: ____________________________
Mailing Address: ____________________________ Street: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________
Site Address: ____________________________ Street: ____________________________ City: ____________________________
Contact Person: ____________________________ Contact Phone: ____________________________ Contact Email: ____________________________

2. Type of Review/Job

Check all that apply:
☐ Residential  ☐ Commercial  ☐ Tenant Review
☐ New  ☐ Replacement  ☐ Pre-Application
☐ Remodel  ☐ Addition  ☐ Other (explain below)

Describe Work: ____________________________

Interior Remodels need to attach an existing floor plan and proposed floor plan with room designations. Max. Paper size 11x17.

3. Job/Site Information

Existing Number of Bedrooms + Proposed Additional Bedrooms = Total Bedrooms

Use for remodels, additions, or replacements:


Basement? (yes or no) Total Number of Floors

Property on shoreline? (yes or no)

Perimeter drains? (yes or no)

Number of employees? (if applicable)

4. On-Site Sewage System/Sewer Information

Property Served By:
☐ On-Site Septic System  ☐ New  ☐ Existing
☐ Sewer  ☐ New  ☐ Existing

Permit No. (if applicable)

Name of Sewer System (if applicable)

Using an existing on-site septic system will require a current maintenance report and a Record Drawing (As-Built). Documents for both of these requirements may be on file with Mason County Public Health. Other requirements may apply.

5. Water Source Information

Plumbing in structure? ☐ Yes ☐ No

If yes:
Please submit a completed Water Adequacy Form. An incomplete submitted Water Adequacy Form may be returned, and hold up review process.

Site Plan

A scaled site plan is required with all permits, except interior remodels. An incomplete submitted site plan may be returned, and hold up review process. Paper size for site plan can be 8.5x11, 8.5x14, or 11x17 (max). Please use checklist below:

☐ Property lines/dimensions  ☐ Primary Drainfield area  ☐ Reserve Drainfield area  ☐ Existing/proposed wells  ☐ Waterlines
☐ Septic Tanks location  ☐ Location of curtain/perimeter drains  ☐ Direction of Slope  ☐ Driveways/Parking areas/Easements
☐ Existing Structures/buildings  ☐ Proposed Structures/Buildings  ☐ Sewer lines/tanks  ☐ Additions  ☐ North Arrow  ☐ Scale Bar

Applicant Signature: ____________________________ Date: ____________________________

Official use only

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THIS FORM MAY BE SCANNED AND AVAILABLE FOR PUBLIC VIEW ON THE MASON COUNTY WEBSITE

Revised 2/6/2015