

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
Shelton, WA 98584
360.427.9670 ext. 400
Check amount: \$57.00

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

COMMUNITY DEVELOPMENT ENVIRONMENTAL HEALTH REVIEW

Mason County Public Health

415 N. 6th Street
 PO Box 1666
 Shelton, WA 98584
 Shelton: (360) 427-9670, Ext. 400
 Belfair: (360) 275-4467 Ext. 400
 Elma: (360) 482-5269 Ext. 400
 Fax (360) 427-7787

Official use only

Permit Number: _____
 Date Received: _____
 Amount Received _____
 Receipt Number _____

Applicant Information

Applicant _____ Date _____
 Mailing Address _____

 City _____ State _____ Zip _____
 Daytime Phone _____ Other Phone _____
 E-Mail Address _____

Type of Review

- Building Permit
 - New Replacement
- Commercial Building Permit
 - New Replacement
- Building/Commercial Permit Revision
- Tenant Review
- Pre-Application

Parcel Information

12-Digit Parcel Number _____
 Site Address _____
 Street Number _____ Street Name _____ City _____

Type of Job

Describe work _____
 Number of Bedrooms _____

Please submit a scaled plot plan showing all existing and proposed building, on-site sewage system, and well.

On-Site Sewage Information

- On-Site Septic System New Existing
- Sewer Name of Sewer System _____

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

Water System Information

Plumbing in structure? Yes No

If yes:

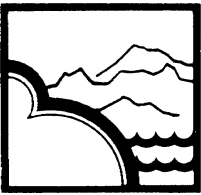
Please submit a completed Water Adequacy Form.

Applicant Signature

_____ Date _____

Official use only

Departmental Review	Approved	Denied	Notes
Water Adequacy			
On-site Sewage System			
Tenant Review			
Revision			



PAR _____
DATE _____

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 10 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. 426 W Cedar Street Shelton, WA 98584 360.427.9670 ext. 352 Check amount: \$255.00	2. Environmental Health 415 N 5 th Shelton, WA 98584 360.427.9670 ext. 400 Check amount: \$57.00
BOTH CHECKS MADE PAYABLE: MASON COUNTY TREASURER	

<p>Applicant: Name: _____ Mailing Address: _____ Daytime Telephone: _____ Fax: _____ Email address: _____</p> <p>Representative: Name: _____ Mailing Address: _____ Daytime Telephone: _____ Fax: _____ Email address: _____</p> <p>Parcel Number: (12 digits)</p> <p>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 _____ _____ _____ _____ _____</p>	<p>Site Plan Submit 10 copies <i>Include the following information</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Indicate Scale and North Arrow <input type="checkbox"/> Property line dimensions, easements, and right-of-ways. <input type="checkbox"/> The location of all existing and proposed structures. Include square footage of existing and proposed structures. <input type="checkbox"/> Setback distance, in feet from all property lines and structures. <input type="checkbox"/> Existing and proposed road access to and from the site. <input type="checkbox"/> Parking sites <input type="checkbox"/> Location of on-site sewage tanks and drainfields. <input type="checkbox"/> Location of drinking water supply. Include location on the proposed site and surrounding parcels. <input type="checkbox"/> Steep bluffs, wetlands, streams, and bodies of water <input type="checkbox"/> Location of fire hydrants and emergency vehicle access roads, including grade. <input type="checkbox"/> Surface and storm water run-off routes.
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