

BUILDING 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 | CONTRACTOR INFORMATION |
| Owner _____ | Company Name _____ |
| Mailing Address _____ | Mailing Address _____ |
| City _____ State _____ Zip Code _____ | City _____ State _____ Zip Code _____ |
| Phone _____ Other Ph. _____ | Phone _____ Other Ph. _____ |
| Lien/ Title Holder _____ | Contractor Reg. # _____ Exp. _____ |
| E mail address _____ | E Mail Address _____ |
| Drivers Lic. # _____ DOB _____ | Drivers Lic. # _____ DOB _____ |

SEPTIC / WATER SYSTEM INFORMATION - Connect to New Septic _____ Existing Septic _____

Connect to Water System _____ Name of Water System _____

Well _____ Water System _____ Name of Water System _____

PARCEL INFORMATION - 12 Digit Parcel No. _____ Fire District _____

Legal Description _____

Site Address (Please include street name, street number and city) _____

Directions to site _____

Will timber be cut and sold in parcel preparation? Yes / No _____

Is property within 200' of Saltwater _____ Lake _____ River / Creek _____ Pond _____

Wetland _____ Seasonal Runoff _____ Stream _____ Slopes or Bluffs > 15% _____

Is this permit submittal the result of a Stop Work Notice, Correction Notice or other enforcement action? Yes/No

TYPE OF JOB - New Add Alt Repair Other PRIMARY RESIDENCE SEASONAL

Use of Building _____ Describe Work _____

No. of Bedrooms _____ No. of Bathrooms _____ Square Footage - 1st Floor _____ 2nd Floor _____

3rd Floor _____ Basement _____ Deck _____ Covered Deck _____ Other _____ Sq. ft. _____

Garage _____ Attached _____ Detached _____ Carport _____ Attached _____ Detached _____

MANUFACTURED HOME INFORMATION - Make _____ Model _____ Year _____

Length _____ Width _____ Serial No. _____ No. of Bedrooms _____ No. of Bathrooms _____

Type of Heat _____ Purchase Price \$ _____ Replacement Unit? Yes / No _____

Installer Name _____ Certification No. _____

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: _____ Date _____

| DEPARTMENTAL REVIEW | APPROVED | DENIED | NOTES |
|---------------------------------|----------|--------|-------|
| Building Department | | | |
| Planning Department | | | |
| Environmental Health Department | | | |
| Public Works Department | | | |
| Fire Marshal | | | |

| FEES | | | |
|-------------------------------|--|-----------------------|--|
| Building Permit Fee | | Site Inspection | |
| Plan Review Fee | | EH Review Fee | |
| Plumbing & Base Fee | | Planning Review Fee | |
| Mechanical & Base fee | | Other | |
| Wood / Gas / Pellet Stove Fee | | State Fee | |
| Violation Fee | | Pre-Paid at Submittal | |
| Valuation \$ | | TOTAL FEES | |



**MASON COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT**

Mason County Bldg. III, 426 West Cedar Street
PO Box 186, Shelton, WA 98584

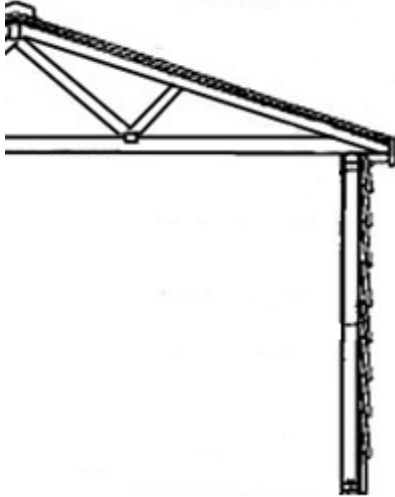
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NON-STRUCTURAL RE-ROOF APPLICATION



Roof Slope: _____

Old Roof Material: _____

New Roofing Material: _____

Sheathing: _____

Underlayment: _____

Existing Insulation: _____

New Insulation: _____

Roof Slope: IRC section R904.1

Roof slope must be indicated to ensure selected roof covering is allowed on designed pitch.

Roof Covering: IRC section R905

Selected roof covering must be installed in accordance with manufacturer's specifications and IRC requirements.

Insulation: WSEC 101.3.2.5 exception 2a & 2b

Existing roofs shall be insulated to the requirements of this Code if:

- a. The roof is uninsulated or insulation is removed to the level of the sheathing or,
- b. All insulation in the roof/ceiling was previously installed exterior to the sheathing or non-existent.

Attic Ventilation: IRC section 806

Enclosed attic and rafter area shall be supplied with cross-ventilation. The net area shall not be less than 1/150 of the area of the space to be ventilated. If 50% and not more than 80% of the ventilating area is provided from the upper portion of the space to be ventilated, then 1/300 is allowed.

Applicant/Owner: _____ Contractor: _____

Parcel No: _____ Permit No.: _____

Signature: _____ **Date:** _____