

MASON COUNTY CHANGE IN TENANT APPLICATION

Complete the Change in Tenant Application and return with a floor plan, site plan, septic pumper's report, septic records and fee to the Mason County Permit Center, P.O. Box 186, Shelton, WA 98584. Evaluation of the Change in Tenant Application will involve staff members from the Building, Fire Marshal, Environmental Health, Planning and Public Works offices who will identify compliance requirements. This application is intended for **tenant change only**. **If construction or remodeling is proposed or required a building permit will be necessary.** Upon approval the permit will be issued to the applicant/tenant. After the permit is issued, schedule an inspection by calling (360) 427-7262. Upon satisfactory inspection a Certificate of Occupancy will be issued and must be posted in a conspicuous place on the premises.

PROPERTY INFORMATION					
Date:		Assessor's Parcel Number:			
Legal Description:					
Building Site Address:					
Method of sewage disposal:		<input type="radio"/> Septic		<input type="radio"/> Sewer – name of district:	
Water source: <input type="radio"/> Individual Well		<input type="radio"/> Community Well		<input type="radio"/> Public System, name of system:	
PEOPLE INVOLVED IN THE PROJECT					
Name of Applicant:					
Mailing address:					
City:		State:		Zip:	
Day phone:		Contact Person:		Message phone:	
PROJECT INFORMATION					
Proposed business name:					
Proposed use:				Number of employees:	
Previous business name:					
Describe previous use:					
STRUCTURE DETAILS					
Check one:		<input type="radio"/> Detached single level/ single tenant		<input type="radio"/> Single level/ multi tenant	
		<input type="radio"/> Multi level/ single tenant		<input type="radio"/> Multi level/multi tenant	
Age of structure:		Is structure currently occupied? Yes No		If not occupied, how long has it been vacant? Yr. Mo.	
Square footage:		Basement:	First:	Mezzanine:	Second:
Is the structure heated?		Heating type: <i>Circle one:</i> Electric Liquid Propane Natural Gas Oil			
<i>Circle one:</i> Yes No		Type of heat: <i>Circle one:</i> Furnace Heat Pump Electric baseboard or wall mount Radiant			
Will there be any changes to the following? Circle yes or no, if applicable:					
Floor lay-out: Yes No		Lighting: Yes No		Heating: Yes No	
Exterior Finishes: Yes No		Interior Finishes: Yes No		Parking: Yes No	
Number of restrooms provided:			Number of fixtures in each		
Is structure handicap accessible? <i>Circle one</i> Yes No					
Is the structure equipped with a fire sprinkler system? Yes No				Fire alarm system? Yes No	
Monitoring Station Name:				Phone number:	
APPLICATION WILL NOT BE ACCEPTED WITHOUT:					
1. Floor Plan (5 sets): <ul style="list-style-type: none"> • Draw the floor plan to scale • Room Dimensions • Location of plumbing and mechanical fixtures 			<ul style="list-style-type: none"> • Use of rooms • Location of all exits and windows (include dimensions) • Interior doors with swing radius 		
2. Site Plan (5 sets): Note scale used <ul style="list-style-type: none"> • Property lines, easements, & right of ways • Distance, in feet, from property line & structures • On-site sewage tanks and drain fields, & reserve • Location of fire hydrants & vehicle access roads 			<ul style="list-style-type: none"> • Location of all existing structures & dimensions • Landscape buffer yards • Well location • Parking areas (number & arrangement) 		
3. Septic records, pumper's report or O&M report.					
4. Fees will be collected at time of submittal					
Official Use Only					
Accepted by _____		Date _____		Submittal Amount \$ _____	
				Receipt number _____	

Department Review	Initials	Date	Comments
Building			
Environmental Health			
Fire Marshal			
Planning			
Public Works			

Occupancy Change? (*circle one*) Yes No Type of construction _____

Occupancy classification change from _____ to _____ Occupant load calculated: _____ persons

Existing occupant load design _____ persons. Land Use Designation: _____

Occupancy Classification: _____