



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N 6th Street, Bldg 8, 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

Application for Waiver/Appeal

Amount Paid: _____

Receipt Number: _____

Instructions

1. Complete Parts 1 and 2. No determination can be made until these parts are fully completed.
2. Fees may be billed for waivers and appeals, based on the Environmental Health Fee Schedule.
3. Submit completed application with attachments to Mason County Public Health for review.

PART 1. Applicant/Parcel Identification

Name of Applicant _____ Telephone _____

Mailing Address of Applicant _____

City _____ State _____ Zip _____

12-digit Tax Parcel No. _ _ _ _ _ -- _ _ -- _ _ _ _ _

Site Address _____

Subdivision Name and Lot _____

PART 2: Nature of Waiver/Appeal

- Class B Reduction in Vertical
- Separation
- Building Permit Review Policies
- Location, WAC 246-272A-0210
- Holding Tank WAC 246-272A-0240
- Mason County Onsite Standards

- Contractor Certification Requirements (Installer, Pumper, O&M Specialists)
- Food Sanitation Requirements
- Group B Water System Regulations
- Water Adequacy Requirements
- Enforcement Timelines
- Departmental Determinations
- Other

Description of Waiver/Appeal (include justification, additional material may be attached.):

Applicant Signature: _____ Date: _____

