



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

415 N 6TH STREET, SHELTON WA 98584
SHELTON: 360-427-9670, EXT. 400
BELFAIR: 360-275-4467, EXT. 400
ELMA: 360-482-5269, EXT. 400
FAX: 360-427-7798

APPLICATION FOR EXTENSION

Amount Paid: _____

Receipt Number: _____

Instructions: Complete Parts 1 and 2. Submit application with extension permit fee. Make check payable to Mason County Treasurer. Staff will review your application and determine if the extension can be approved. If approved, the permit may be extended for up to one additional year from the original expiration date.

Extensions must be applied for prior to original expiration date. Multiple extensions on a single permit will not be approved (one per design/permit).

PART 1: APPLICANT AND PARCEL INFORMATION

Name of Applicant: _____ Phone: _____

Mailing Address of Applicant: _____

City: _____ State: _____ Zip: _____

12-digit Tax Parcel Number: _____

Site Address: _____

Permit Number: SWG _____

PART 2: EXPLAIN WHY YOU NEED AN EXTENSION.

PART 3: HEALTH DEPARTMENT DETERMINATION *(staff use only)*

Extension Denied

Extension Approved

New Expiration Date: _____

Comments:

Environmental Health Specialist Signature: _____

This form may be scanned and available for public view on the Mason County Web site.