Mason County Building Department
MANUFACTURE HOME SUBMITTAL CHECKLIST
APPLICATION REQUIREMENTS

NOTE: Applying for a Building Permit may require additional approvals prior to applying for a Building Permit. Such permits are: Accessory Dwelling Unit approval, Flood Hazard Permit (requirement when located in Special Flood Hazard Area), well report and septic design approval.

- ❒ **Building Permit Application**. Fill out the application as completely as possible. Please use only blue or black ink. You can find your tax parcel number on the Mason County Assessor's office to locate this information. If the parcel does not have an address, it will be assigned an address when the application is processed. Signature by owner or authorized agent is required on the application.

- ❒ **Manufactured Home Plan Review Submittal Specifications**
  You will need to have verified the unit is designed and rated for the snow load at address to be placed. A snow load map is available at:
  https://www.masoncountywa.gov/forms/Community_Dev/snow_load_map.pdf

- ❒ **Provide a Tie-Down and Foundation Plan and include footing/pier size**.
  - New units. The manufacturers pier plan and layout, to be supplied by the manufacturer.
  - Relocated units to be set up to the HUD standards. **Must** provide a pier plan and reference documents for setup. Copy of tables and specifications from standards.

- ❒ **Provide Model Specific Floor Plan**- showing use of each room.

- ❒ **Site Plan**. Your site plan must be no larger that 11"x 17" plain white paper. It must be drawn to scale, include all structures, setbacks to all property lines, driveway, septic system, well, stormwater (drainage) components and plan.

- ❒ **Stormwater Worksheet**. All stormwater controls and details to be included on the site plan or a separate Stormwater Plan.

- ❒ **Water Adequacy compliance**- Water adequacy application and all fees and documents must be submitted.

- ❒ **Septic System Approval**- Septic design must be approved prior to application submittal.

- ❒ **Submittal Fee's**

- ❒ **Access Permit**-Required for new or modified access off a County or State maintained road. You can reach Mason County Public Works at (360)427-9670 ext. 450 or Washington State Department of Transportation (360)357-2736.

Please contact permits@masoncountywa.gov or call 360.427.9670 ext.352 for assistance.

MASON COUNTY COMMUNITY DEVELOPMENT

Permit Assistance Center, Building, Planning

Permit No:_____

BUILDING PERMIT APPLICATION

PROPERTY OWNER INFORMATION:

NAME:_____
MAILING ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
PHONE #1:_____
PHONE #2:_____
EMAIL:_____

CONTRACTOR INFORMATION:

NAME:_____
MAILING ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
PHONE:_____ CELL: _____
EMAIL :_____
L&I REG #_____ EXP. ___/___/___

PRIMARY CONTACT: **OWNER** ☐ **CONTRACTOR** ☐ **OTHER** ☐

NAME _____ EMAIL _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP_____
PHONE _____ CELL _____

PARCEL INFORMATION:

PARCEL NUMBER (12 Digit Number) _____ ZONING_____
LEGAL DESCRIPTION (Abbreviated) _____ FIRE DISTRICT_____
SITE ADDRESS_____CITY_____
DIRECTIONS TO SITE ADDRESS _____
_____

IS THE PROJECT WITHIN 300 FT OF SLOPE(S) **GREATER THAN 14%:** YES☐ NO ☐ **SNOW LOAD:**_____psf
IS PROPERTY WITHIN 200 FT OF THE FOLLOWING: *(Check all that apply)*:
SALTWATER ☐ LAKE ☐ RIVER/CREEK ☐ POND ☐ WETLAND ☐ SEASONAL RUNOFF ☐ STREAM ☐

TYPE OF WORK: NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ OTHER ☐_____

USE OF STRUCTURE *(Residence, Garage, Commercial Bldg, Etc.)*_____
IS USE: PRIMARY ☐ SEASONAL ☐ NUMBER OF BEDROOMS_____ NUMBER OF BATHROOMS_____
HEATED STRUCTURE? YES *(Whole Bldg)* ☐ YES *(Part[s] of Bldg)* ☐ NO ☐
DESCRIBE WORK_____

SQUARE FOOTAGE: *(proposed)*

1ST FLOOR_____ sq. ft. 2ND FLOOR_____ sq. ft. 3RD FLOOR_____ sq. ft. BASEMENT_____ sq. ft.
DECK_____ sq. ft. COVERED DECK_____ sq. ft. STORAGE_____ sq. ft. OTHER_____ sq. ft.
GARAGE_____ sq. ft. *Attached* ☐ *Detached* ☐ CARPORT_____ sq. ft. *Attached* ☐ *Detached* ☐

MANUFACTURED HOME INFORMATION: ***4 COPIES OF THE FLOOR PLAN REQUIRED***

MAKE_____ MODEL_____ YEAR_____ LENGTH_____
WIDTH_____ BEDROOMS_____ BATHS_____ SERIAL NUMBER_____

ENVIRONMENTAL HEALTH:

SEWAGE/SEWER SOURCE: SEPTIC ☐ SEWER ☐ / NEW ☐ EXISTING ☐
PLUMBING IN STRUCTURE? YES ☐ NO ☐ *If yes, attach completed Water Adequacy Form*
PERIMETER/FOUNDATION DRAINS PROPOSED? YES ☐ NO☐ EXISTING SQ. FT. _____
EXISTING BEDROOMS _____ PROPOSED BEDROOMS _____ TOTAL BEDROOMS _____

OWNER acknowledges that 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 and I further declare that I am entitled to receive this permit and to do the work as proposed. I have obtained permission from all the necessary parties, including any easement holder or parties of interest regarding this project. The owner or legal representative, represents that the information provided is accurate and grants employees of Mason County access to the above described property and structure(s) for review and inspection. This permit/application becomes null & void if work or authorized construction is not commenced within 180 days or if construction work is suspended for a period of 180 days.

PROOF OF CONTINUATION OF WORK ON THIS PERMIT IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS OF MORE WILL CAUSE THE APPLICATION TO BE EXPIRED. (MASON COUNTY CODE 14.08.42)

X_____ _____
Signature of **OWNER** (**Must be signed by the OWNER**) Date

DEPARTMENTAL REVIEW	APPROVED	DATE	DENIED	DATE	TAGS/NOTES/CONDITIONS
BUILDING DEPARTMENT					
PLANNING DEPARTMENT					
FIRE MARSHAL					
PUBLIC HEALTH					

SITE PLAN REQUIREMENTS:

A complete, accurate and detailed site plan is important to avoid delays in the review and approval of your project. Use the checklist below as a tool to help you complete the site plan.

q **1. Scale**: A scale of 1”=20’, is typical but other scales such as 1”=10’ or 1”-40’ are also acceptable. Do not exceed 1”=60.

q **2. North arrow**

q **3. Property line location and dimensions**.

q **4. Label abutting streets**

q **5. Shoreline/Surface water:** Indicate creeks, streams, lakes, ponds, wetlands and other bodies of water within 300 ft of the proposed project.

q **6. Wetlands and Seasonal Drainage:** Show setback distances from wetlands or seasonal drainage.

q **7. Easements:** Indicate location and size of road, utility, and private easements.

q **8. Show All Existing Development:** Identify existing and proposed structures. Include porches, decks, roof overhangs, cantilevers, and structures that will be demolished.

q **9. Proposed Building Footprint:** Use scale to show distances to property lines, existing structures, septic tank and drainfield. **Stake or flag footprint of proposed structure.**

q **10. Sewage Disposal System:** Identify septic tank location and drainfield.

q **11. Existing and proposed Buffers:** Include open space, fences, sidewalks and parking areas.

q **12. Retaining walls:** Proposed and existing.

q **13. Slopes/Site contours (Topography):** Identify any slopes greater than 15%, fills or cuts greater than 4ft. that are located within 300ft. of the proposed project. Use Contour lines or arrows to show the direction of the slope.

q **14. Wells:** Show existing and proposed, **need to include all wells located within 100 ft of property.**

q **15. Waterfront projects:** Show all structures on adjacent property.

q **16. Driveway/ Site Access**

SUBMITTAL STANDARD INSTRUCTIONS/INFORMATION

A. Site Plan: Site plans must be drawn to scale . On at least 8 ½" x 11" paper. A checklist indicating information required on the site plan is listed in the site plan application. Incomplete site plans will not be accepted.

B. Construction Plans: Plans must be drawn to scale, preferably ¼" = 1'. Dimensions must be noted on the plans. A complete set of plans shall include foundation plan, framing plans, floor plans, cross sections, and elevations. A complete building plan will give the building department enough information on how your project will be constructed. If you plan to construct a log home, pole building greater than 864 square feet, or a metal structure, calculations stamped by a Washington State licensed engineer or architect, will be required. Also, masonry or concrete structures, may require an engineered design. The building official may require additional drawings, details, sections, or stamped-engineered calculations and/or details.

C. Directions to Site: Provide ***accurate*** directions to your project site. This information will be used by staff when they review the project and by building inspectors.

D. Structural Engineered Calculations: Will be required if the proposed structure does not meet conventional construction standards. Include 2 sets with your building permit application.

E. Road Access Permit: May be required if accessing a public road or right of way. Contact Mason County Public Works for county maintained roads at (360) 427-9670, ext. 450 for more information. For state highways contact Washington State Department of Transportation at (360) 874-3050.

F. Washington State Energy Code and Ventilation & Indoor Air Quality Code (WSEC & VIAQ): Refers to energy envelope calculations and air quality code compliance.

G. Existing On-Site Septic System: Documentation of an approved on-site sewage system will be required. An existing system must have records and a **pumpers report**, dated within the last three years, per Mason County Health Services Policies. These policies are case/job specific if you have any questions please contact Environmental Health at (360) 427-9670 ext. 352.

H. Septic Approval or Sewer Permit: A Septic design application must be approved by the Mason County Environmental Health Department prior to permit issuance for all single family developments using septic systems. If sewer is available, sewer permits can be obtained by calling Mason County Utilities at (360) 427-9670 ext. 296.

I. Water Availability: The local water purveyor must complete a water availability application if the project will be connected to a public water system. Private well systems require a water well report, or capacity test, and bacteriological test dated within the previous 12 month period.

J. Site Pre-Inspection: Resource lands and critical areas checklist. Includes a site visit by a planner to identify critical areas on a site.

K. Aquifer Recharge Areas: Areas where water infiltrates the soil to the groundwater table. Call Planning Department, extension 352.

L. Critical Area: Critical areas include shorelines, flood plains, streams, wetlands, important wildlife habitat areas and landslide hazard areas (such as steep slopes and marine bluffs). The planner may need to visit your site to decide whether a buffer zone is required between the critical area and the proposed structures. Please mark the corners of proposed structure(s) with flags or stakes.

M. Geotechnical Study: A geotechnical assessment or report will be required if the parcel is located within a Landslide/ Erosion Hazard Area.

N. Wetland: Areas that are inundated or saturated by surface water or ground water at a frequency and duration sufficient to support, under normal circumstances, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs, and similar areas.

O. Buffer: An area of land or designated for the purpose of insulating or separating a structure or land use from a critical area or resource land in such a manner as to reduce or mitigate any adverse impacts of the developed area.

P. Parcel Number: a 12-digit tax assessment number assigned to each parcel by the Assessor's Office.

Q. Legal Description: This describes the parcel of land identified by the 12-digit tax identification number. It is acceptable to submit a brief legal description of the parcel as it appears on record at the Assessor's office. Legal descriptions are used to check the dimensions of a parcel and any underlying restrictions such as setbacks from property lines or easements, lot coverage, or height of buildings.

R. Address: Site addresses are assigned through the Mason County Department of Community Development, for more information (360)427-9670 ext. 291.

S. Contractor Registration Number: Contractors must be licensed with the state. The contractor license number can be obtained from the general contractor that will be performing the work or through the Labor & Industries website at: www.lni.wa.gov/contractors.

An owner can be an owner-contractor when building on his or her own property.

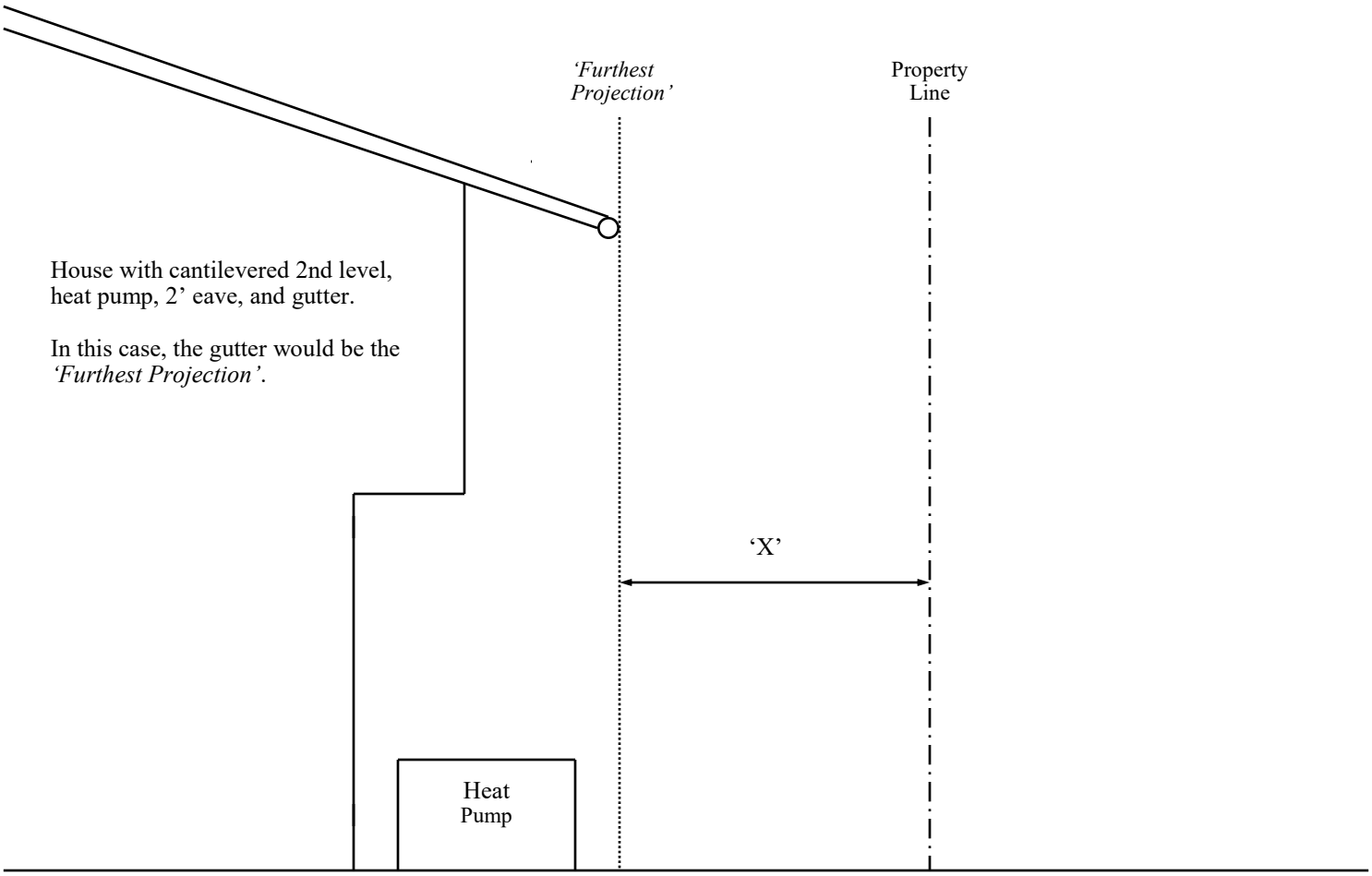
T. SEPA: The State Environmental Policy Act, RCW 43.21C and implementing State and County administrative rules.

U. Fire Apparatus Access Road: Mason County Standards require a fire apparatus access road for every facility, building, or portion of a building that is more than 150 feet from an existing approved access road. When the new fire apparatus road is installed, it is to extend to within 150 feet of any portion of the exterior walls of any building. Fire apparatus Access Roads Ordinance and details are available. To request a copy call (360) 427-9670 ext. 352

Setback Instructions

Distances from property lines should be measured from the *'Furthest Projection '*

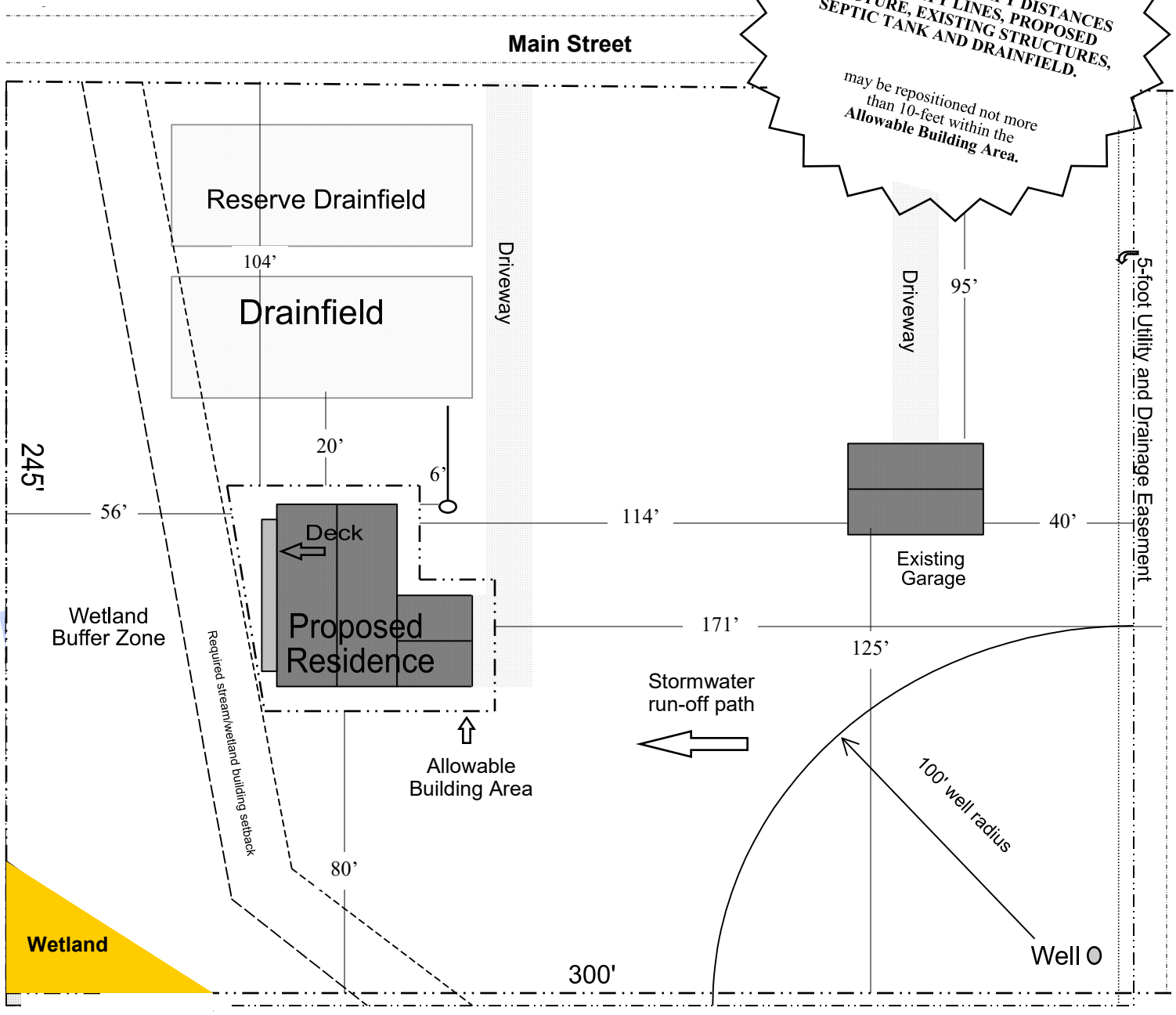
The *'Furthest Projection'* may be an eave, gutter, land, 2nd level deck, heat pump, or propane tank.
X = distance or **setback** (in feet) between property line and *'Furthest Projection'*.
Contact a Permit Technician if you have questions or require clarification.

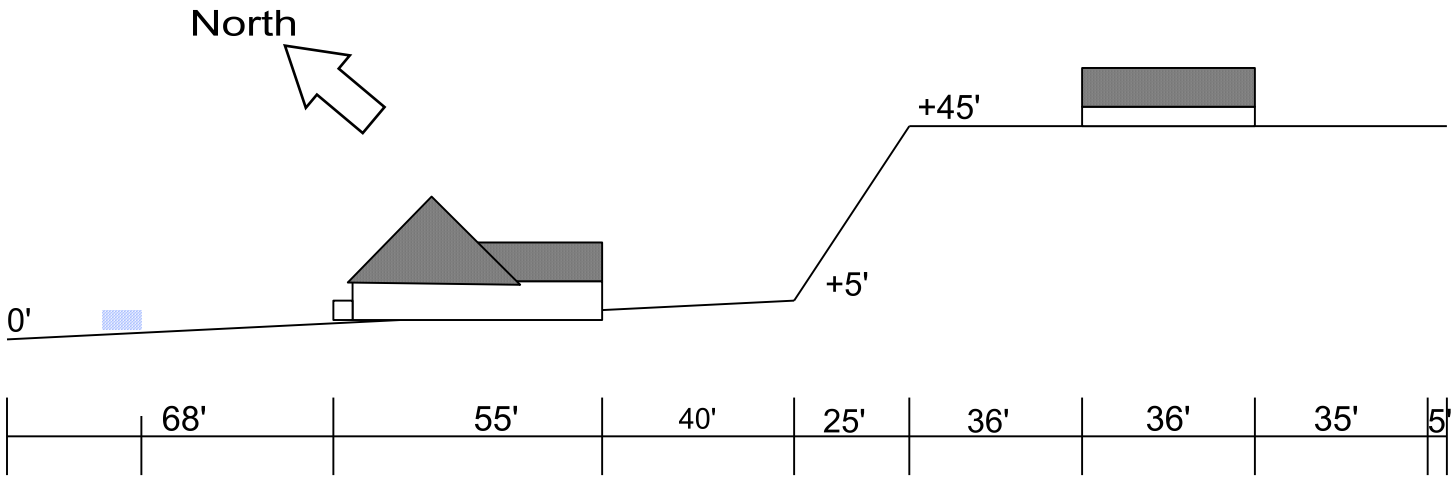


Sample Site Plan and Topography

Scale: 1” = 40’

Use the site plan requirements checklist to make sure all required information is identified on your site plan. The proposed structure location **BE SURE TO INDENTIFY DISTANCES TO PROPERTY LINES, PROPOSED STRUCTURE, EXISTING STRUCTURES, SEPTIC TANK AND DRAINFIELD.** may be repositioned not more than 10-feet within the **Allowable Building Area.**





Mason County Building Division

MANUFACTURED HOME PLAN REVIEW SPECIFICATIONS

UNIT INFORMATION: *****Snow Load_____

Make_____ Model _____ Year_____

Square feet_____ Width _____ Length_____

Single/Double/triple-wide (indicate) NEW or Replacement (indicate)

All footings must be min. 12" below natural grade within 24" of the skirting when perimeter blocking is required.

When a relocated unit AND the manufactures specification are not available the HUD 24 CFR 3285 must be used for required pier plan, standards and set-up.

Allowable Pressure (Pound Per Square Foot) No Allowances made for overburden pressure, embedment depth, water table height, or settlement problems	
Soil bearing is assumed at 1500 psi	If set-up is using a greater soil bearing capacity a soil report from a design professional is required
Fill (compact or uncompacted)	Compaction Report required through Special analysis
Peat or organic clays	Compaction Report required through Special analysis

SET UP SPECIFICATIONS:

- ❒ Manufacturer's Pier Plan
- ❒ HUD24 CFR part 3285

FOUNDATION:

Check the type of foundation and attach detail plans from manufacturer's or the ANSI A225.1/ HUD24 CFR part 3285

- ❒ Pads
  - ❒ Concrete (pre-cast)
  - ❒ ABS Pads (Poly) provide manufactures specification with capacities.
- ❒ Continuous concrete footing (runners)
- ❒ Slab

ANCHORING:

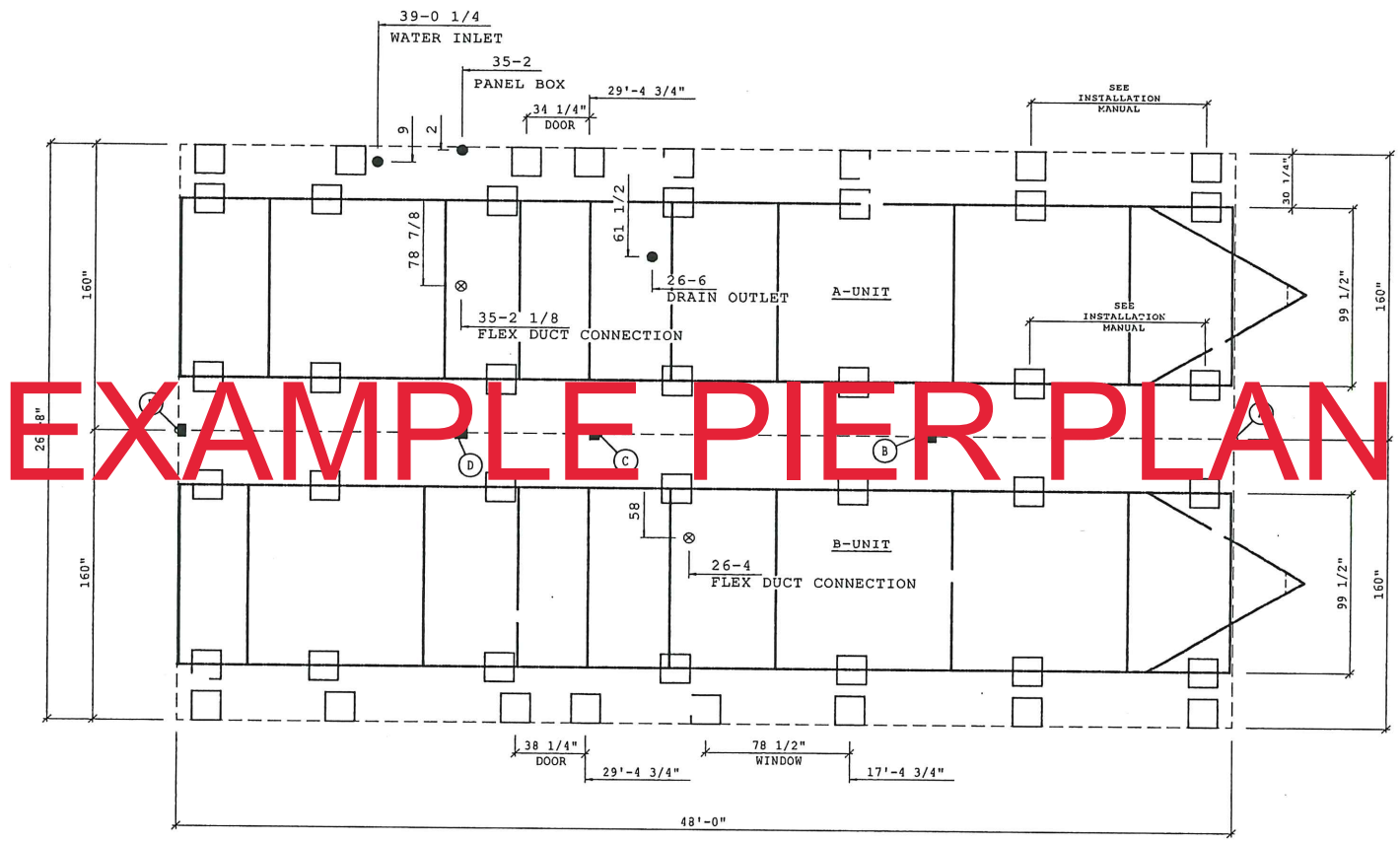
- ❒ Ground
- ❒ Magnum
- ❒ Concrete-2500 PSI
  - ❒ J-bolt
  - ❒ Expansion bolt

For new units, this information can be obtained from the home retailer or contractor. Previously owned units, which manufacture's instruction are not available must utilize the HUD24 CFR part 3285 code for installation. Washington State law requires that a certified installer install manufactured homes.

The undersigned I hereby acknowledge he/she does understand that the Mason County submittal and review processes will be based on the information provided herein and will be verified at time of inspection.

X_____ Applicant/Dealer/Installer(indicate) Date_____

INFORMATION ONLY



EXAMPLE PIER PLAN

POST DATA			
LIVE LOAD: 30 LBS. 30			
LABEL	LOCATION	UNIT	PIER LOAD*
A		A	3300
A		B	
B	14'-4"	A	9100
B	14'-4"	B	
C	28'-10 3/4"	A	4900
C	28'-10 3/4"	B	
D	35'-4 3/4"	A	6000
D	35'-4 3/4"	B	
E	48'-0"	A	3100
E	48'-0"	B	

* EMPTY PIER LOAD IS COMBINED IN NUMBER ABOVE

NOTE IS FOR FOUNDATION READY HOMES

BEARING CAPACITY OF NATURAL SOIL OR COMPACTED FILL SHALL EQUAL OR EXCEED 1500 PSF.

LATERAL BEARING = 150 PSF.

PER IBC (CBC) TABLE 1806.2

THIS FOUNDATION SYSTEM HAS NOT BEEN DESIGNED TO RESIST LOADS FROM: EXPANSIVE SOILS, AND/OR SOILS OTHER THAN AS INDICATED IN THE IBC (CBC) TABLE 1806.2, SCOUR, FLOOD HAZARDS, WATER PRESSURE BY WIND OR WAVE ACTION, WIND SPEED UP EFFECTS, FROST ACTION, HIGH GROUND WATER OR OTHER NATURAL EVENT NOT LISTED ON THE ASSUMPTIONS

L E G E N D

STANDARD FOOTING

NOTES:
1. THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.

2. FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.

3. FOOTING PADS & PIERS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

PRODUCT NAME

MODEL NO.

DRAWING TITLE
PIER LAYOUT
30# ROOF LOAD

DRAWN BY:

DATE: 06/30/16

SHT SP.1E.1

REV C

21EG28483S

Name_____ Parcel # _____ BLD#_____

Mason County
Department of Community Development
Small Parcel Stormwater Management Application/Worksheet (page 1 of 2)

Per Mason County Code, Title 14, Chapter 14.48 a stormwater site plan is required whenever a building application is made for residential development, or redevelopment[1], with more than 2,000 square feet of impervious surface[2].

[1]Redevelopment means, on an already developed site, the creation or addition of impervious surfaces, structural development including construction, installation or expansion of a building or other structure, and/or replacement of impervious surface that is not part of a routine maintenance activity, and land disturbing activities associated with structural or impervious redevelopment.

[2]Common impervious surfaces include, but are not limited to, rooftops, walkways, patios, driveways, parking lots or storage areas, concrete or asphalt paving, gravel roads, packed earthen materials, and oiled, macadam or other surfaces which similarly impede the natural infiltration of stormwater. Open, uncovered retention/detention facilities shall not be considered as impervious surfaces.

To Calculate Impervious Surfaces Please Complete This Table						
Surface Type	**Length**	**X**	**Width**	**=**	**Area**	*** All dimensions in feet**
Buildings		X		=		Measurements for buildings are taken at the perimeter of the farthest projections (example: eaves/gutters)
		X		=		
		X		=		
		X		=		
Driveways		X		=		Length of drive begins at the right of way
		X		=		
		X		=		
Parking Areas		X		=		Any paved, gravel or packed area per definition above table
		X		=		
		X		=		
Patios/Walks		X		=		Any paved, gravel or packed area per definition above table
		X		=		
		X		=		
Others		X		=		If the total impervious area of the proposed site development is greater than 2000 square feet a Small Parcel Stormwater Site Plan is Required
		X		=		
		X		=		
Total Impervious Surface Area (sum of all areas)						

If the Total Impervious Surface Area is LESS THAN 2000 Square Feet, please read, acknowledge and sign below.

Based Upon the information you have provided a ***Stormwater Site Plan IS NOT required*** for this development activity.

Owner/Builder/Agent Acknowledges that 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, owner's legal representative, or the contractor. I further acknowledge that the information provided is accurate and employees of Mason County are granted access to the above-described property for review and inspection as may be required.

X_____ Owner/Agent/Contractor (circle one) Date:_____

If the Total Impervious Surface Area is GREATER THAN 2000 Square Feet, please read, acknowledge and sign the information provided on page 2 of 2.

Name_____ Parcel # _____ BLD#_____

Mason County
Department of Community Development
Small Parcel Stormwater Management Application/Worksheet (page 2 of 2)

Based Upon the information you have provided a ***Stormwater Site Plan IS Required*** for this development activity.

Title 14, Chapter 14.48 of the Mason County Code (MCC) regulates compliance requirements for Stormwater Management in this jurisdiction. A complete copy of the ordinance can be found on the Mason County website: http//www.co.mason.wa~us/code/commissioners/index.htm
Please follow the links to "Title 14, Chapter 14.48 Stormwater Management".

Regulated activities shall be conducted only after Mason County Public Works approves a stormwater site plan (Mason County Code Title 14 Chapter 14.48 section 14.48.70). You will receive a copy of the Public Works document entitled "Managing Storm Drainage on Small Lots, The Small Parcel Stormwater Site Plan". This document will assist you in preparing the necessary information and plans for Public Works to review and approve. **Per Department of Public Works this document will constitute an approved plan if all of the relevant details* are to be installed in their entirety AND no part of the stormwater system adversely affects any septic system** (see Environmental Health information below). If an alternative system is to be used a plan will need to be submitted to Public Works for approval. A design by a registered professional may be required for more complex sites.

*These details are found in the document *Managing Storm Drainage on Small Lots, The Small Parcel Stormwater Site Plan* on the pages that begin with "Handout"

PLEASE INITIAL BELOW TO INDICATE THE STORMWATER MANAGEMENT PLAN FOR THIS SITE

A) _____ The relevant details from *Managing Storm Drainage on Small Lots, The Small Parcel Stormwater Site Plan* will be installed in their entirety AND the system will be located as not to adversely affect any septic systems on this, or any other, parcel.

B) _____ An alternative plan and/or professional design will be submitted to the Department of Public Works for approval AND the system will be located as not to adversely affect any septic systems on this, or any other, parcel.

If you have further questions pertaining to parcel drainage and stormwater management Mason County's Public Works Department can provide additional instructions, guidance and examples. (Section 14.48.130) contact Public works at:

Phone: (360)-427-9670 EXT. 450
Mail: P 0 Box 1850, Shelton WA 98584
Physical: 415 N 6th St, Shelton WA 98584

If this development has, or will have, a septic/drainfield system you may need to contact Mason County Division of Environmental Health to ensure that the stormwater system will not adversely affect the septic system of this, or any other, parcel. You may also wish to consult with the septic design professional involved with the project. Mason County Division of Environmental Health can be reached at:

Phone: (360)-427-9670 EXT. 352
Mail: P 0 Box 1666, Shelton WA 98584
Physical: 426 W Cedar St, Shelton WA 98584

A condition will be added to the building permit that states, in part, that all conditions the stormwater site plan will be met prior to a request for final inspection of the building permit.

Owner/Builder/Agent Acknowledges that 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, owner's legal representative, or the contractor. I further acknowledge that the information provided is accurate and employees of Mason County are granted access to the above-described property for review and inspection as may be required.

X_____ Owner/Agent/Contractor (circle one) Date:_____

MASON COUNTY
COMMUNITY DEVELOPMENT

Permit Assistance Center, Building, Planning

Address Request Form/Application

Name: _____ **Phone**:_____

Mailing Address: _____

City: _____ **State**: _____ **Zip**: _____ *Prefer:* ***Mail*** or ***e-Mail*** notification *[Circle One]*

E-Mail Address: _____

Parcel Number: _____ *(12-digit number)*

SITE MAP: PLEASE PROVIDE DRIVING DIRECTIONS TO THE PROPERTY (and most importantly a sketch). SHOW WHICH SIDE OF THE ROADWAY YOU WILL BE BUILDING ON IF THE ROAD INTERSECTS YOUR LAND. LIST ANY ADJACENT ADDRESSES YOU ARE AWARE OF AND NOTATE WHERE YOUR DRIVEWAY IS/WILL BE LOCATED ON THE PARCEL AND NEIGHBORING DRIVEWAYS.

- ☐ **Application fee: $185 due at time of submittal**
- ☐ **Make checks payable to: Mason County Treasurer**
- ☐ **Mail application to:**

Mason County Permit Center
Attn: Addressing Division
615 W. Alder St
Shelton, WA 98584

Addressing questions? Call (360) 427-9670 ext. 365

The Mason County Addressing Ordinance requires you to post your new address within 30 days of assignment.
It must be placed at your driveway entrance clearly visible from the road in reflective contrasting material.
Address must also be posted to any structure within 30 days of its erection in a contrasting color, visible from the roadway or driveway.

**********THIS SECTION IS FOR OFFICIAL USE ONLY**********

YOUR NEW ADDRESS IS:

RECEIVED ☐ LOGGED IN ☐ TIDEMARK ☐ FIRE DISTRICT _____
BILLED_____ PAID_____ RECEIPT # _____

WAT _____-_____

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

Application for Determination of Water Adequacy

Instructions

1. Complete Part 1. No determination can be made until Part 1 is fully completed.
2. Complete only the portion of Part 2 applying to the type of water connection utilized.
3. Submit completed application, with any required attachments for review.
4. An approved building site plan must accompany this application.

Part 1: Applicant/ Parcel Identification

Name on Applicant: _____ Date: _____

Mailing Address: _____ Phone: _____

Parcel Number: _____

Type of Water System

- ☐ Public/Community Water System (2 or more connections)
- ☐ Individual water source (one connection),
  - ☐ Well
  - ☐ Spring/surface water
- ☐ Other (explain)_____

If you have more than one residence connected to this well, check the Public/Community Water System box.

Reason for Application

- ☐ Building permit
- ☐ Division of land:
  # of Parcels? _____ SPL_____
- ☐ Boundary line adjustment
- ☐ Other (explain)_____
- ☐ Replacement or Remodel (please indicate name of water system below if applicable – no signature required)

Part 2: Water Connection Information

Complete the section appropriate for the type of water connection being evaluated:

Public Water System

Name of Water System: _____

Water Facility Inventory (WFI) Number: _____
(write "none" for two-party)

☐ I am the manager of this water system. The water system has been approved for _____services. There are presently _____ connection(s) in use. This will be the _____connection.

☐ I am the manager of this system. This connection will be to upgrade or change the use of an existing connection on this system (i.e.: recreational to full time). Please indicate on the following line the nature of this change: _____

This water system is able and willing to provide water to this (these) connection(s) without exceeding the limits of the water system or any limits set by state and local regulation.

Signature of Water System Manager _____ Date _____

This form may be scanned and available for public view at www.co.mason.wa.us.

Individual Water Well

☐ Water well report (attached to application). Depth _____ft.

☐ Well capacity Test (attached to application) _____gpm _____gpd.

The well driller often performs well capacity tests at the time the well is constructed. Results from these tests are noted on the water well report. Results from these tests will be accepted. If the water well report cannot be located by the applicant or if the water well report does not have a capacity test, a well capacity test, which provides stabilization of draw-down and recovery data, must be performed by a licensed contractor.

☐ Satisfactory bacteriological test (attach to application).

Water Resource Inventory Area (WRIA)

Development within which WRIA http://gis.co.mason.wa.us/planning 14___ 15___ 16___ 22___

Water use or limitation recorded……..... N/A_____ Yes_____

Well Drilled …… Date _____

Individual Spring/Surface Water

☐ WDOE permit (attach to application)

☐ Method of disinfection _____

_____

☐ I have reason to believe that this water source can provide at least 800 gallons per day; and/or provides water at a rate of 2 gallons per minute based on the following observations.

_____

_____

Author of Statement _____ **Date** _____

Relationship to Applicant _____

Part 3: Mason County Community Services Evaluation *(staff use only)*

☐ **Satisfactory Determination**:
This determination does not address adequacy of the distribution system, guarantee an adequate supply of water indefinitely in the future, or guarantee compliance with all applicable WDOE water resource regulations. Recommended approval indicates requirements of Sanitary Code, Title 6, Chapter 6.68.040-Determination of Adequacy for Building Permits are satisfied. Additional Growth Management requirements may apply. Chapter 36.70A RCW.

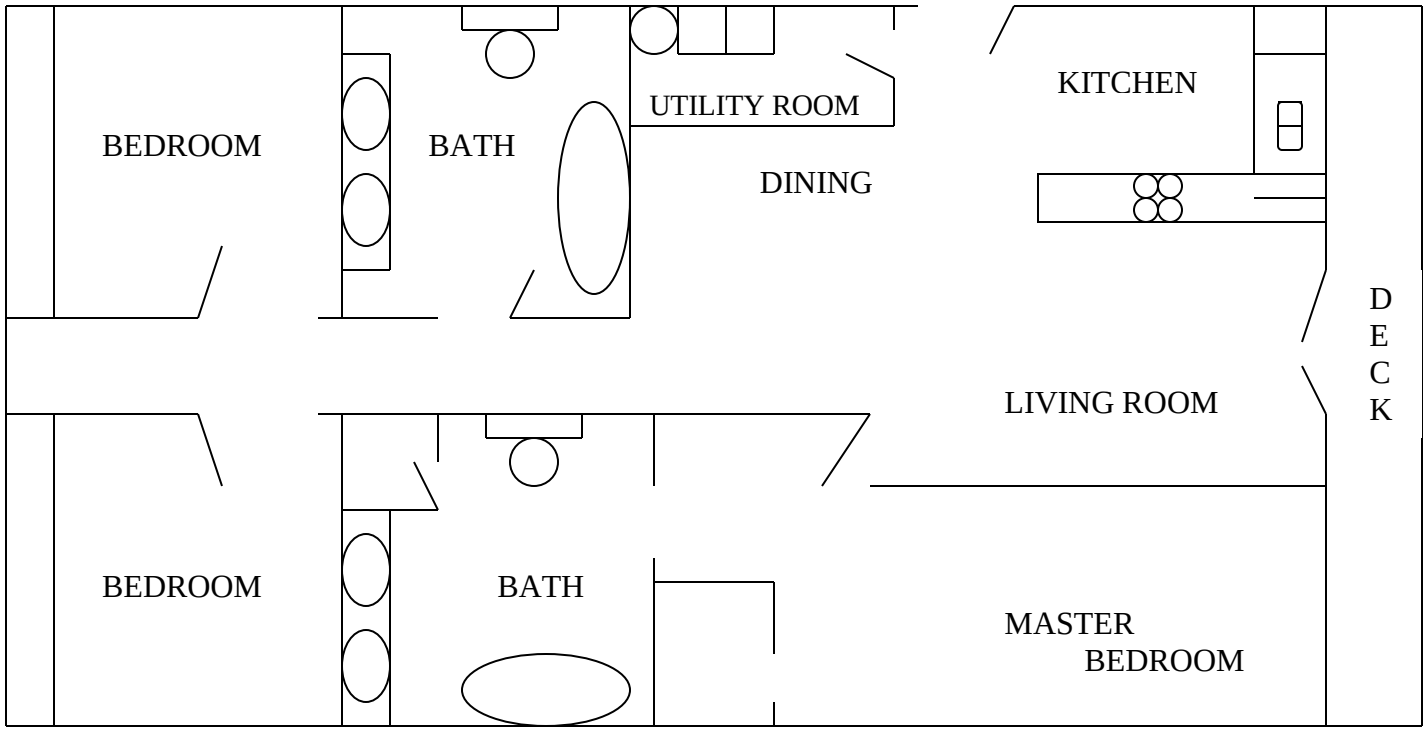
☐ **Unsatisfactory Determination**:
Applicant's water supply does not appear adequate to meet the needs of its intended use for the following reason(s). _____

_____

Reviewer's Signatures:

Environ. Health: _____ Date _____

This form may be scanned and available for public view at www.co.mason.wa.us.



SAMPLE FLOOR PLAN