



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health
615 W. Alder St. – Bldg. 8, Shelton, Wa 98584
Phone: (360) 427-9670 ext. 352 ♦ Fax: (360) 427-7798

Mason County Permit Center Use:

SUP _____

Date Stamp Rcv'd:

Rcv'd By: _____ Planner: _____

SPECIAL USE PERMIT APPLICATION

- Special Use Permit: \$1320.00
- Public Hearing: \$2330.00

A "Special Use" is one that possesses unique characteristics due to size, nature, intensity of use, technological processes involved, demands upon public services, relationship to surrounding lands, or other factors. The purpose of this application is to provide for adequate oversight and review of such development proposals, in order to assure that such uses are developed in harmony with surrounding land uses, and in a manner consistent with the intent of the Development Regulations for Mason County; Ordinance No. 82-96. Acceptance of this application by Mason County does not guarantee approval of request.

Type of Special Use Permit: Communications Tower

Oversize Construction Other: _____

Applicant(s) Name _____

Mailing Address _____

Phone _____ **E-mail** _____

Property Owners Name *(if different than applicant)* _____

Site Address: _____

Brief Legal Description: _____

Tax Parcel # _____ - _____ - _____

Zoning: _____

Project Description _____

Please provide a site plan that includes the following:

1. Indicate Scale and North Arrow.
2. Property line dimensions, easements, and right-of-ways.
3. The location of all existing and proposed structures. Include square footage of existing and proposed structures.
4. Setback distance, in feet from all property lines and structures.
5. Existing and proposed road access to and from the site.
6. Parking spaces.
7. Location of on-site sewage tanks and drain-fields.
8. Location of drinking water supply. Include location on the proposed site and surrounding parcels.
9. Steep bluffs, wetlands, streams, and bodies of water.
10. Surface and storm water run-off routes.

On a separate piece of paper (# of pages: _____), state your reasons for requesting a Special Use Permit and be sure to address the following six criteria. Your request will be evaluated based on these criteria.

1. Will the proposed use be detrimental to public health, safety, and welfare?
2. Will the proposed use be consistent and compatible with the intent of the Comprehensive Plan?
3. Will the proposed use introduce hazardous conditions, at the site, that cannot be mitigated through appropriate measures to protect adjacent properties and the community at large?
4. Is the proposed use served by adequate public facilities, which are in place, planned as a condition of approval or as an identified item in the County's Capital Facilities Plan?
5. Will the proposed use have a significant impact upon existing uses on adjacent lands?
6. If located outside of an Urban Growth Area, will the proposal result in the need to extend urban services?

Provide a list (preferably printed on mailing labels or legal sized envelopes) of all property owners' mailing addresses within 300 feet of your parcel boundaries.

Applicant's Signature _____ **Date** _____

Publication Cost Agreement

Publication cost is the responsibility of the applicant. Final permit processing will **not** occur until advertising fees have been paid to the newspaper by the applicant. The Shelton-Mason County Journal will bill the applicant directly.

I / WE understand that I / WE must sign and date the attached acknowledgment indicating and that I / WE understand that is MY / OUR responsibility. I / WE must submit the signed page as part of application in order for it to be considered as complete.

Signature of Property Owner

Date Print Name

OR

Signature of Applicant

Date Print Name