



MASON COUNTY COMMUNITY SERVICES

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

For Mason County Permit Center use:

ADU _____

Recv'd by: _____ Planner: _____

Date Stamp Recv'd:

ACCESSORY DWELLING UNIT PERMIT

(Special Use Permit with ADU criteria)

Permit and Fee:

Special Use Permit (DDR) – application fee: \$240.00

**If ADU is within 200' of a shoreline you must apply for a Shoreline Substantial Development Permit (SHR) – fee: \$880.00*

- Environmental Health fee: \$ _____

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.

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:

SITE PLAN CHECK-LIST Please provide a site plan that includes the following:

- Indicate Scale and North Arrow.
- Property line dimensions, easements, and right-of-ways.
- The location of all existing and proposed structures. Include square footage of existing and proposed structures.
- Setback distance, in feet from all property lines and structures.
- Existing and proposed road access to and from the site.
- Parking spaces.
- Location of OnSite Sewage System (OSS) components (including tanks, drainfields, reserve areas, etc.)
- Location of existing and proposed wells, within 100ft. of property, shown with 100ft. radius.
- Location of existing and proposed waterlines.
- Steep bluffs, wetlands, streams, and bodies of water.
- Surface and storm water run-off routes.

Mason County Code Title 17.03.029 requires the following criteria to be met for consideration of an Accessory Dwelling Unit (ADU) Permit:

ACCESSORY DWELLING UNIT (ADU) REQUIREMENTS	YES	NO	INFORMATION
1. Is the ADU in a shoreline jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	
1(a) Are you in the Flood Plain?	<input type="checkbox"/>	<input type="checkbox"/>	Please inquire with Mason County Community Services staff, if unsure.
2. Will the owner of the lot reside in either the principal residence or the ADU?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Will the ADU be located within 150 feet of the principal residence or will the ADU be a conversion of an existing structure (i.e. garage)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. The ADU cannot exceed 80 percent of the habitable area of the primary residence, or 1000 sq. ft., whichever is smaller. Will your proposed ADU meet this criteria?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Will the ADU meet all setback requirements?	<input type="checkbox"/>	<input type="checkbox"/>	Please inquire with Mason County Community Services staff, if unsure.
6. Will all applicable health district standards for water and sewer be met by the ADU?	<input type="checkbox"/>	<input type="checkbox"/>	Please see last page of this packet titled "ADU Environmental Health Requirements"

7. Recreational vehicles are not allowed as ADUs. Please confirm (with YES) that you are not submitting a Recreational vehicle for review.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Your property will only have one (1) ADU?	<input type="checkbox"/>	<input type="checkbox"/>	
9. You have provided an additional off-street parking space for the ADU?	<input type="checkbox"/>	<input type="checkbox"/>	

(Ord. 108-05 Attach B. (part), 2005)

On a separate piece of paper (# of pages: _____), **state your reasons for requesting an Accessory Dwelling Permit and be sure to address the following six criteria.** Your request will be evaluated based on these criteria and the Accessory Dwelling Unit Requirements from the previous section.

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?

Applicant's Signature _____

Date _____



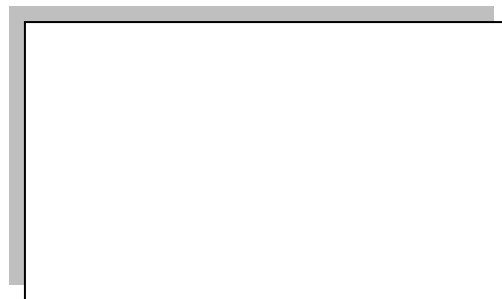
ADU ENVIRONMENTAL HEALTH REQUIREMENTS

	YES	NO	INFORMATION
1. Will the ADU be served by an EXISTING Onsite Sewage System (OSS)?			
1(a). Total bedroom count from existing and proposed connected structures match the approved OSS records on file?			OSS's are sized off bedrooms. Refer to the onsite sewage records on file with Mason County to find your OSS approved size. If bedroom count exceeds system size, contact a licensed septic designer for upgrade options.
2. Will the ADU be served by a NEW Onsite Sewage System (OSS)?			OSS application and design permit must be submitted and approved prior to EH approval of ADU permits
3. Will the ADU meet all setbacks to new or existing OSS components?			-Foundation to Drainfield(s):10ft -Foundation to Reserve Area(s): 10ft -Foundation to Septic Tank(s): 5ft Down gradient Foundation/perimeter drains must maintain 30ft to Drainfields.
4. Will the ADU be served by a NEW or EXISTING sewer connection?			Attach a signed Sewer Adequacy Form from Sewer System Manager to this application.
5. Will the ADU be served by a NEW or EXISTING public water system (over 3 connections)?			Attach a signed Water Adequacy Form from Water System Manager to this application
6. Will the ADU be served by an EXISTING private well?			
7. Will the ADU be served by a NEW well that is not constructed yet?			Well must be permitted and constructed prior to EH approval of ADU permits.

Mason County Code Title 17.03.029 requires EH approval prior to approval of ADU permit.

Environmental Health Review Pre-approval:

Comments: _____



(EH approval stamp with Initials of EHS)