



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:

VAR _____ - _____

Date Rcvd: _____

- Resource Ordinance Variance: \$2,000
- Habitat Management Plan Review: \$300
- Public Hearing: \$2,330

Applicant will also be billed for advertising costs.

Resource Ordinance Variance Application

The purpose of this application is to allow the County to consider requests to vary or adapt certain numerical standards of the Resource Ordinance where the strict application would deprive property owners of reasonable use of their property. **The minimum reasonable use for a residence, decks, and accessory structures in a residentially zoned area shall be defined by the lesser of 40 percent of the area of the lot or 2,550 square feet.**

A public hearing accompanies Variances and application for a Variance does not guarantee approval.

Applicant Name _____

Property Owners _____

Mailing Address _____

Phone 1 _____ Phone 2 _____ Email _____

Site Address _____

Tax Parcel # _____ - _____ - _____

Legal Description _____

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 drainfields.
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 attached: _____), please explain the reason for the Variance request and respond to the following:

1. Describe the specific modification from the terms of the Chapter required.
2. Describe the reasons for the variance.
3. No variance shall be granted unless the County makes findings of fact showing that certain circumstances exist. Please address each of the following standards and how the proposal pertains to these circumstances.
 - a. That the strict application of the bulk, dimensional or performance standards precludes or significantly interferes with a reasonable use of the property not otherwise prohibited by County regulations;
 - b. That the hardship which serves as a basis for the granting of the variance is specifically related to the property of the applicant, and is the result of unique conditions such as irregular lot shape, size, or natural features and the application of the County regulations, and not, for example, from deed restrictions or the applicant's own actions;
 - c. That the design of the project will be compatible with other permitted activities in the area and will not cause adverse effects to adjacent properties or the environment;
 - d. That the variance authorized does not constitute a grant of special privilege not enjoyed by the other properties in the area, and will be the minimum necessary to afford relief;
 - e. That the public interest will suffer no substantial detrimental effect;
 - f. No variance shall be granted unless the owner otherwise lacks a reasonable use of the land. Such variance shall be consistent with the Mason County Comprehensive Plan, Development Regulations, Resource Ordinance and other county ordinances, and with the Growth Management Act. Mere loss in value only shall not justify a variance.

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. Addresses are to be obtained from the Mason County Assessor's Office, Bldg. 1.

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

Applicant is to provide pre-addressed envelopes or mailing labels to apply to envelopes of adjacent property owners' **MAILING ADDRESSES** within 300 feet of property boundaries for notification

EXAMPLE:
John Smith
555 E Smith Dr
Shelton, WA 98584

Jane Doe
PO Box 000
Olympia, WA 98502

