



# 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

## ACCESSORY DWELLING UNIT PERMIT

*(Shoreline Substantial Development Permit with ADU criteria)*

*For Mason County Permit Center use:*

**SHR** \_\_\_\_\_

Recv'd by: \_\_\_\_\_ Planner: \_\_\_\_\_

*Date Stamp Recv'd:*

### Permit and Fee:

**Shoreline Substantial Development (SHR) – application fee: \$880.00**

*\*If ADU is within 200' of a shoreline: a Shoreline Substantial Development Permit is required with signed publication notice, AND a list of property owners' names and addresses within 300' of property lines.*

**- Environmental Health fee: \$ \_\_\_\_\_**

The Washington State Shoreline Management Act (RCW 90.58) requires that substantial developments within designated shorelines of the state comply with its administrative procedures (WAC 173-14) and the provisions of the Mason County Shoreline Management Master Program. The purpose of this Act and local program is to protect the state's shoreline resources. The program requires that substantial development (any development of which the total cost or fair market value exceeds \$7,047.00 or materially interferes with the normal public use of the water or shorelines of the State be reviewed with the goals, polices, and performance standards established in the Master Program.

Answer all questions completely. Attach any additional information that may further describe the proposed development. Incomplete applications will be returned.

**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:**

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**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"/>	<b>Please inquire with Mason County Community Services staff, if unsure.</b>
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"/>	<b>Please inquire with Mason County Community Services staff, if unsure.</b>
6. Will all applicable health district standards for water and sewer be met by the ADU?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Please see last page of this packet titled "ADU Environmental Health Requirements"</b>
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)

**SITE PLAN CHECK-LIST** Please provide/attach 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.

**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** \_\_\_\_\_



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## ADDITIONAL INFORMATION FOR SHORELINE SUBSTANTIAL DEVELOPMENT

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### PUBLICATION COST AGREEMENT

*(for public hearings or commercial SEPA's)*

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

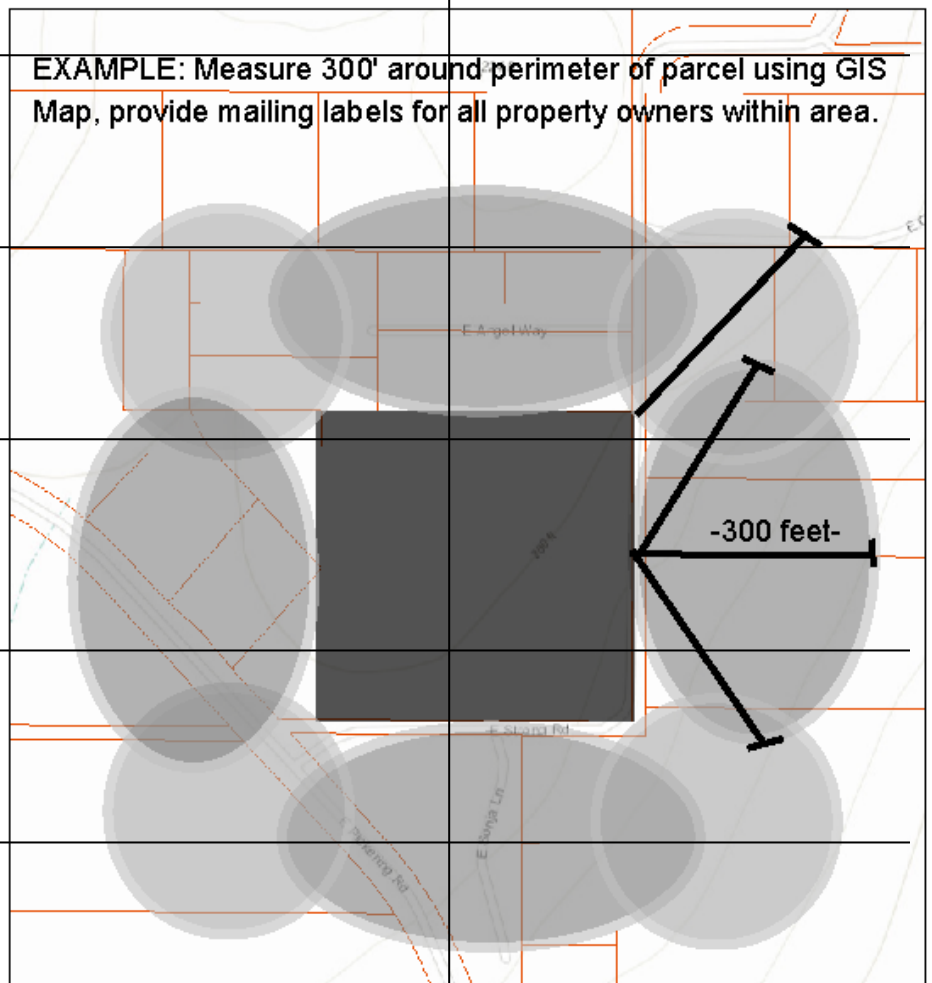
\_\_\_\_\_  
Print Name

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

EXAMPLE: Measure 300' around perimeter of parcel using GIS Map, provide mailing labels for all property owners within area.





**ADU ENVIRONMENTAL HEALTH REQUIREMENTS**

	YES	NO	INFORMATION
1. Will the ADU be served by an <b>EXISTING</b> 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 <b>NEW</b> 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 <b>NEW</b> or <b>EXISTING</b> sewer connection?			Attach a signed Sewer Adequacy Form from Sewer System Manager to this application.
5. Will the ADU be served by a <b>NEW</b> or <b>EXISTING</b> 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 <b>EXISTING</b> private well?			
7. Will the ADU be served by a <b>NEW</b> 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.**

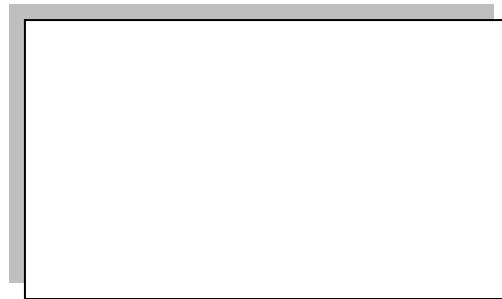
Environmental Health Review Pre-approval:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



(EH approval stamp with Initials of EHS)