

FOR OFFICE USE ONLY:  
DATE \_\_\_\_\_

APPLICATION No. \_\_\_\_\_  
FEE \_\_\_\_\_

### MASON COUNTY ZONING PERMIT

**NOTE:** Sketch of lot, buildings, well/septic, dimensions and distances to lot lines required.

**A. Type of request:**

- ROUTINE PERMIT
- SPECIAL LAND USE
- VARIANCE
- APPEAL
- INTERPRETATION
- OTHER \_\_\_\_\_

**B. Owner and/or representative contact information:**

OWNER: _____	REPRESENTATIVE (if applicable): _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

**C. Description of subject property:**

Address: _____	City: _____	Zip: _____
Township: _____	Section: _____	Zoning District: _____
Legal Description: _____		
Proposed Building/Land Use: _____		
Variance or SLU request: _____		
Size of Building (s): _____	Size of Lot: _____	Parcel # : _____

**D. Do you give authorization for county staff, planning commissioners, or zoning board of appeals members to enter property for evaluation?** \_\_\_\_\_ YES \_\_\_\_\_ NO

*This permit expires twelve (12) months from date of issuance unless said land use or construction has been diligently pursued. For a Special Use or Variance request, I understand that a public hearing is required.*

**F. Signature of Applicant or Representative** \_\_\_\_\_ Date: \_\_\_\_\_

**G. Well and Septic Approval:** Permit # \_\_\_\_\_ Date: \_\_\_\_\_

**H. Approval/Denial**

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ ( ) approve ( ) deny  
 Chairman, Planning Commission: \_\_\_\_\_ Date: \_\_\_\_\_ ( ) approve ( ) deny  
 Chairman, Zoning Board of Appeals: \_\_\_\_\_ Date: \_\_\_\_\_ ( ) approve ( ) deny

**I. Minimum setback distances from property line for this permit:**

\_\_\_\_\_ feet from centerline of road      \_\_\_\_\_ feet from water's edge      \_\_\_\_\_ feet from rear lot line  
 \_\_\_\_\_ feet from front lot line      \_\_\_\_\_ main floor square feet min.      \_\_\_\_\_ feet from side lot lines

Note/Stipulations: