



**SWINOMISH INDIAN TRIBAL COMMUNITY**  
**OFFICE OF PLANNING & COMMUNITY DEVELOPMENT**  
 11430 Moorage Way • La Conner, WA 98257  
 Phone 360-466-7280 • Fax 360-466-1615

Date stamp

**BUILDING PERMIT APPLICATION – PERMIT # \_\_\_\_\_**

| APPLICANT         | OWNER             | CONTRACTOR                           |
|-------------------|-------------------|--------------------------------------|
| Name:             | Name:             | Company:<br>Contact:                 |
| Address:          | Address:          | Address:                             |
| City, State, Zip: | City, State, Zip: | City, State, Zip:                    |
| Day Phone:        | Day Phone:        | Phone:                               |
| Cell Phone:       | Cell Phone:       | E-Mail:                              |
| E-Mail:           | E-Mail:           | Registration No:<br>Expiration Date: |

Designated agent/contact for application (check one only):  Applicant  Owner  Contractor

**PROJECT SITE IDENTIFICATION**

|                         |             |               |
|-------------------------|-------------|---------------|
| Site Address:           | Lot/Block#: | Parcel I.D. # |
| Plat Name/Short Plat #: | Lot Size:   |               |

| RESIDENTIAL CONSTRUCTION |         |             |         | MANUFACTURED/MODULAR CONSTRUCTION |         |
|--------------------------|---------|-------------|---------|-----------------------------------|---------|
| New                      | sq. ft. | Unfinished  | sq. ft. | Year:                             |         |
| Addition                 | sq. ft. | Garage      | sq. ft. | Make/ Model:                      |         |
| Remodel                  | sq. ft. | Carport     | sq. ft. | Vehicle Identification # (VIN):   |         |
| Repair                   | sq. ft. | Deck/Porch  | sq. ft. | Manufactured/Modular Size:        | sq. ft. |
| Post Frame               | sq. ft. | Shed        | sq. ft. | Installer:                        |         |
| Bedrooms                 | (#)     | Heat Source |         | Certification No.                 |         |

| IMPERVIOUS SURFACES |         |        |         | NON-RESIDENTIAL CONSTRUCTION |         |         |
|---------------------|---------|--------|---------|------------------------------|---------|---------|
| House/Bldg          | sq. ft. | Garage | sq. ft. | Use of Structure:            |         |         |
| Drive/Parking       | sq. ft. | Patios | sq. ft. | Gross Floor Area:            | sq. ft. | Floors: |
| Other               | sq. ft. | Other  | sq. ft. | Project Value: \$            |         | Height: |

| PROJECT SITE INFORMATION   | UTILITIES/ACCESS   |
|--|--|
| Are there any existing structures on the property?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                   | <input type="checkbox"/> Letter of Availability for water service from Swinomish Utility Authority, or connection receipt OR |
| Will it be necessary to clear any trees or vegetation for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Community/private well form and/or Water Resource Permit  |
| Do you own adjoining pieces of land? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | <input type="checkbox"/> Letter of Availability for public sewer or connection receipt OR                                    |
| Is the property within 200 feet of a shoreline? <input type="checkbox"/> Yes <input type="checkbox"/> No                         | <input type="checkbox"/> On-Site Septic System – Permit #  |
| Current zoning:  | <input type="checkbox"/> Access Permit for access from public road, OR <input type="checkbox"/> N/A                          |

Application is hereby made for a permit to authorize activities described herein. I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the Swinomish Indian Tribal Community the right to enter the above-described location to inspect the proposed and/or completed work.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_