



SWINOMISH INDIAN TRIBAL COMMUNITY

OFFICE OF PLANNING & COMMUNITY DEVELOPMENT

11430 Moorage Way • La Conner, WA 98257

Phone 360-466-7280 • FAX 360-466-1615

ACCESSORY DWELLING UNIT APPLICATION

A \$200.00 fee is due at the time of application. **IMPORTANT:** Application must include an affidavit by the property/land owner affirming that the owner or an immediate family member will occupy the principal dwelling unit or accessory dwelling unit for more than seven (7) months per year. **All Accessory Dwelling Unit Applications must be approved by the Swinomish Planning Commission.**

Applicant

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contractor

Name/Company _____

Registration No. _____ Expires _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Site Address

Address _____

Parcel No. _____

Lot Size: _____

Enter Legal Here

Do you own adjoining pieces of land? Yes/No

Is the property within 200 feet of a shoreline? Yes/No

Number of bedrooms: _____

Existing unit size: _____ sq. ft.

| PROPOSED RESIDENTIAL | |
|---|----------------------------------|
| New _____ ft ² | Garage _____ ft ² |
| Unfinished _____ ft ² | Shed _____ ft ² |
| Addition _____ ft ² | Carport _____ ft ² |
| Remodel _____ ft ² | Post Frame _____ ft ² |
| Repair _____ ft ² | Deck/Porch _____ ft ² |
| Type of heat: Electrical ___ Gas ___ Wood ___ Other ___ | |

| MANUFACTURED HOME | |
|--------------------------------------|------------------------|
| Year _____ | Make _____ Model _____ |
| Vehicle Identification # (VIN) _____ | |
| Manufacture/Mobile _____ sq. ft. | |
| Modular Home (UBC) _____ sq.ft | |
| Installer _____ | Cert.# _____ |

Application is hereby made to authorize the 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. If 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 or completed work.

_____ Date _____
Owner/Agent

| For Staff Use Only | |
|-----------------------|----------|
| Signed Affidavit | YES / NO |
| Site Plan | YES / NO |
| Construction Drawings | YES / NO |
| Drainage plan | YES / NO |

