



SWINOMISH INDIAN TRIBAL COMMUNITY

OFFICE OF PLANNING & COMMUNITY DEVELOPMENT

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EXCAVATION & GRADING PERMIT APPLICATION – PERMIT # _____

APPLICANT	OWNER		CONTRACTOR	
Name:	Name:		Company:	
Address:	Address:		Contact:	
City:	City:		Address:	
State:	State:		City:	Zip Code:
Zip Code:	Zip Code:		Day Phone:	
Day Phone:	Day Phone:		Cell Phone:	
Cell Phone:	Cell Phone:		Fax:	
Fax:	Fax:		Registration No:	
			Expiration Date:	
Designated agent/contact for application (check one only): <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Contractor				
PROJECT SITE IDENTIFICATION				
Site Address:		Lot/Block#:		Parcel I.D. #
Plat Name/Short Plat #:			Lot Size:	acres/sq ft
PROJECT SITE INFORMATION				
Purpose:		Start Date:		End Date:
Project Description (attach additional documentation as necessary):				
<p>Estimated quantity of excavation/fill: _____ (cubic yards)</p> <p>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.</p>				
Signature (Required): _____ Date: _____				
STAFF USE ONLY				
Attached Supporting Documents:				
<input type="checkbox"/> Site Plan, with grading plan details showing existing and finished grades (3 copies)				
<input type="checkbox"/> Soils Report OR <input type="checkbox"/> Exempt from Soils Report requirement				
<input type="checkbox"/> Liquefaction Study OR <input type="checkbox"/> Exempt from Liquefaction Study				