



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT
11367 Moorage Way, La Conner, Washington 98257-0817
Phone (360) 466.7280 | Fax (360) 466.1615

APPLICATION FOR TIDELANDS LEASE

INSTRUCTIONS

- Fill out the application form and send it to the Land Management Department.
- Enclose a \$100.00 non-refundable application processing fee with the application, made payable to the Swinomish Indian Tribal Community.
- You may be required to submit additional information to complete your application. If so, the Land Management Department will contact you.
- Your project may require regulatory permits in addition to a tidelands lease. If so, the Land Management Department will contact you.

APPLICANT INFORMATION

Name: _____

Address: _____

Phone Number: _____

LOCATION

Proposed Lease is in Tribal Tideland Zone(s): _____

Address of Adjacent Upland Property: _____

Parcel or Allotment Number of Adjacent Upland Property: _____

Legal Description of Adjacent Upland Property: _____

Do You Own or Lease the Adjacent Upland Property? **Yes** **No**

If Yes, When did you Acquire the Ownership or Leasehold Interest? _____

Note: Please attach a copy of the deed or lease.

If No, Name and Contact Information for Owner or Lessee of Adjacent Upland Property:

Square Footage of Proposed Lease: _____

USE

- Type of Use:**
- Structure**
 - Fill**
 - Recreational Facility**
 - Commercial/Industrial**
 - Aquaculture**

Description of Nature and Purpose of Use:

Description of Anticipated Effects:

Requested Lease Term: _____

Use is: Existing New

Note: You must enclose a map and diagram showing the approximate location and design of the existing or proposed use. If existing, you must also enclose photograph(s) of the use.

If Existing:

When did the Use Start? _____

Did you Start the Use? Yes No **If No, Who Did?** _____

Have you Maintained the Use? Yes No **If Yes, When?** _____

At the Time You Began or Maintained the Use, Was the Use Above or Below the Line of Mean High Tide? Above Below Don't Know

Estimated Cost of Removing or Ceasing Existing Use, if Any: _____

Anticipated Adverse Effects of Removing or Ceasing Existing Use, if Any:

If New:

Estimated Date(s) of Construction: _____

Estimated Cost of Construction: _____

ALL ANSWERS AND STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____

Date: _____

DEPARTMENT USE ONLY

Application Received On: _____ **Application Complete On:** _____

Application Fee Paid: Yes No

Additional Application Materials Required:

- NEPA/TEPA Bond
 Legal Description of Leased Property Record of Survey
 Other: _____

Regulatory Permits Required:

- Land Use Shoreline
 Corps Sec(s) _____ NPDES
 Other: _____