



ADDRESS APPLICATION

Complete and submit to gis@swinomish.nsn.us

**Required fields*

REASON FOR APPLICATION <small>Check one only</small>	
<input type="checkbox"/>	New address
<input type="checkbox"/>	Address verification letter
<input type="checkbox"/>	Multiple addresses
<input type="checkbox"/>	Delete an unused address

APPLICANT <small>(if different than property owner)</small>	PROPERTY OWNER	MAILING ADDRESS
Name: <i>*Required</i>	Name: <i>*Required</i>	Name: <i>*Required</i>
Address: <i>*Required</i>	Address: <i>*Required</i>	Contact: <i>*Required</i>
City: <i>*Required</i>	City: <i>*Required</i>	Address: <i>*Required</i>
State: <i>*Required</i>	State: <i>*Required</i>	City: <i>*Required</i>
Zip code: <i>*Required</i>	Zip code: <i>*Required</i>	Zip code: <i>*Required</i>
Phone: <i>*Required</i>	Phone: <i>*Required</i>	
Email: <i>*Required</i>	Email: <i>*Required</i>	

Designated contact for application (check one only):	Applicant	Owner
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Request date:

DELIVERY OF BLUE ADDRESS SIGN

Choose delivery option: (check one only):	Ship to mailing address	Pick up at Tribal office
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NEW ADDRESS INFORMATION

Lot/Block#:	Parcel I.D. # (Fee land)	Allotment # (Trust land)
Plat Name/Short Plat #:		Lot Size: acres sq. ft.
Section:	Township:	Range:
Name of road that accesses this property:		
Location of new structure: <small>(e.g. 100' from SE property corner)</small>		
Location of driveway access: <small>(e.g. 100' from NW property corner)</small>		
Is new structure located greater than 50 ft. from access road?		Yes No

PURPOSE FOR THIS ADDRESS Check all that apply

Accessory Dwelling Unit	Agriculture/Barn
Apartment/Condominium	Cabin/Recreation
Cell/Communication Tower	Cemetery
Commercial Building	Garage/Shop
Government Building	Hotel/Motel
Manufactured Home	Multi-Family Residence
Single Family Residence	Utility
Vacant Lot	
Other (Please describe)	

SIGNATURE BLOCK

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:** _____