



SWINOMISH INDIAN TRIBAL COMMUNITY

OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT
11430 Moorage Way, La Conner, Washington 98257-0817
Phone (360) 466.7280 | Fax (360) 466.1615

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

