



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

BUILDING PERMIT APPLICATION – PERMIT # _____

APPLICANT	OWNER	CONTRACTOR
Name:	Name:	Company: Contact:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Day Phone:	Day Phone:	Phone:
Cell Phone:	Cell Phone:	E-Mail:
E-Mail:	E-Mail:	Registration No: Expiration Date:

Designated agent/contact for application (check one only): Applicant Owner Contractor

PROJECT SITE IDENTIFICATION

Site Address:	Lot/Block#:	Parcel I.D. #
Plat Name/Short Plat #:	Lot Size:	

RESIDENTIAL CONSTRUCTION				MANUFACTURED/MODULAR CONSTRUCTION	
New	sq. ft.	Unfinished	sq. ft.	Year:	Make/ Model:
Addition	sq. ft.	Garage	sq. ft.	Vehicle Identification # (VIN):	
Remodel	sq. ft.	Carport	sq. ft.	Manufactured/Modular Size:	sq. ft.
Repair	sq. ft.	Deck/Porch	sq. ft.	Installer:	
Post Frame	sq. ft.	Shed	sq. ft.	Certification No.	
Bedrooms	(#)	Heat Source			

IMPERVIOUS SURFACES				NON-RESIDENTIAL CONSTRUCTION		
House/Bldg	sq. ft.	Garage	sq. ft.	Use of Structure:		
Drive/Parking	sq. ft.	Patios	sq. ft.	Gross Floor Area:	sq. ft.	Floors:
Other	sq. ft.	Other	sq. ft.	Project Value: \$	Height:	

PROJECT SITE INFORMATION	UTILITIES/ACCESS
Are there any existing structures on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Letter of Availability for water service from Swinomish Utility Authority, or connection receipt OR
Will it be necessary to clear any trees or vegetation for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Community/private well form and/or Water Resource Permit
Do you own adjoining pieces of land? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Letter of Availability for public sewer or connection receipt OR
Is the property within 200 feet of a shoreline? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-Site Septic System – Permit #
Current zoning:	<input type="checkbox"/> Access Permit for access from public road, OR <input type="checkbox"/> N/A

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: _____