

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

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): 				
Estimated quantity of excavation/fill: (cubic yards)				
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: _____				
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				