



**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

DEMOLITION PERMIT APPLICATION - PERMIT # _____

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 type="radio"/> Applicant <input type="radio"/> Owner <input type="radio"/> Contractor					
PROJECT SITE IDENTIFICATION					
Site Address:		Lot/Block#:		Parcel I.D. #	
Plat Name/Short Plat #:				Lot Size:	<input type="checkbox"/> acres <input type="checkbox"/> sq. ft.
PROJECT SITE INFORMATION					
Do you own adjoining pieces of land? <input type="checkbox"/> Yes <input type="checkbox"/> No			Construction Type:		
Is the property within 200 feet of a shoreline? <input type="checkbox"/> Yes <input type="checkbox"/> No			Residential Unit Type:		
Project Start Date:			Last Use:		
Project End Date:			Floor Area: sq. ft.		
Asbestos on site? <input type="checkbox"/> Yes <input type="checkbox"/> No			Utility cut off date:		
Lead paint on site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
MATERIAL DISPOSAL					
Waste Disposal Facility receiving waste from this project:			Can this facility handle hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the name of facility receiving hazardous materials from this project.		
Name:			Name:		
Mailing Address:			Mailing Address:		
City:	State:	Zip	City:	State:	Zip
Phone:	Fax:		Phone:	Fax:	

FEES: \$50.00 Application Fee \$50.00 Permit Fee

REQUIRED DEMOLITION SUBMITTAL CHECKLIST

(Check the boxes provided indicating attachments included with this application)

Demolition plan and schedule

Site Plan. Complete site plan showing site safety and all utilities serving the structure to be demolished. These utilities include: water supply, sewage disposal, electrical service, and gas supply (natural or propane). All utilities **MUST BE PROPERLY ABANDONED OR CAPPED**. Please provide utility cut off date and a description on how each utility was abandoned.

Burn Permit and/or Fire Marshal Approval. *If your intent is to burn the structure, you must include with this permit application a Tribal Burn Permit and approval notice from local fire district.*

ASBESTOS: It shall be presumed that all building on the Swinomish Indian Reservation have “friable asbestos.” Therefore, prior to issuance of a Tribal Demolition Permit, the Swinomish Indian Tribal Community will require testing to be done pursuant to the Northwest Air Pollution Authority (360-428-1617) and the results attached to the demolition permit application form.

Proof of Approval for Disposal and a Waste Shipment Record.

Waste Shipment Record

LEAD PAINT: It shall be presumed that all buildings on the Swinomish Indian Reservation built before 1990 have lead paint. Therefore, prior to the issuance of a Tribal Demolition Permit, the Swinomish Indian Tribal Community will require testing to be done on all suspect paint.

Lead Paint Testing performed

It is the responsibility of the permit holder to notify the Swinomish Office of Planning and Community Development and ensure that the required inspections are made. Swinomish Demolition Permits expire three (3) years from date of issuance. The Swinomish Indian Tribal Community may, in writing suspend or revoke a Demolition Permit whenever the permit is issued in error, or on the basis on incorrect information supplied by the applicant, or when it is determined that demolition work is in violation of Tribal and federal laws. The duty to ensure conformance rests with the permit holder and their authorized agent(s), not the Swinomish Indian Tribal Community.

Signature

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:** _____