



Land Clearing Permit Application

APPLICATION No. _____

SECTION I - Applicant and Property Information

<p>1. Owner Name: _____</p> <p>Mailing Address: _____</p> <p>City/ST/Zip: _____</p> <p>Telephone: () _____ Alternate/Cell phone: () _____ Fax #: () _____</p>
<p>2. Applicant/Authorized Agent: _____</p> <p>Mailing Address: _____</p> <p>City/ST/Zip: _____</p> <p>Telephone: () _____ Alternate/Cell phone: () _____ Fax #: () _____</p>
<p>3. Property/Activity Location:</p> <p>Site Address: _____ Tax Parcel No.: _____</p> <p>Section: Township: Range: Allotment No.:</p>
<p>4. Applicant/owner interest in property: ___Owner ___Purchaser ___Lessee ___Other:</p> <p>List if Other: _____</p>

Section II – Project Information

<p>5. Describe the current use of the property and vegetative cover.</p>

6. Describe the proposed clearing activities. Provide a site map including slope contours (5 ft intervals as appropriate) and any shorelines, streams, wetlands or other sensitive areas within 200 feet of activities. Describe plans for slash disposal, erosion control and replanting including species and spacing of trees. Please attach additional sheets as necessary.

7. Proposed Starting Date:

Estimated duration of activity:

Will the project be phased? **YES / NO**

8. Are any areas with a slope of 30 degrees or greater proposed for clearing? YES / NO

If yes, what is the area of such slopes proposed for clearing?

9. If the proposed activity is a timber harvest, will the land be converted within three years of clearing to uses incompatible with timber growing? YES / NO

If yes, please submit a conversion plan including the nature and extent of conversion and the development or use activity proposed for the area to be converted.

10. Describe any practices proposed to minimize potential adverse effects on wildlife and scenic resources and to protect ground and surface water quality and adjacent property from damage.

11. Is there any road work associated with this application? *If yes, complete all blocks that apply and label each type separately on the map.*

Type of Activity	Total Length (ft.)	Total length of work area
<input type="checkbox"/> New road	_____	_____
<input type="checkbox"/> Existing Road Reconstruction	_____	_____
<input type="checkbox"/> Existing Road Maintenance	_____	_____

Section III - Other permits and approvals.

12. List other applications, approvals, or certifications required from this or other agencies for any structures, construction, discharges, or other activities described in the application (i.e. preliminary plat approval, health district approval, building permit, TEPA review, etc.) Also indicated whether work has been completed and indicate all existing work on drawings.

<u>Type of Approval</u>	<u>Issuing Agency</u>	<u>I.D. No.</u>	<u>Date of Application</u>	<u>Date Approved</u>
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13. Has any agency denied approval for the activity described herein or for any activity directly related to the activity described herein **YES / NO** *If yes, explain:*

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 or completed work.

Signature of Applicant or Authorized Agent (**REQUIRED**)

Date