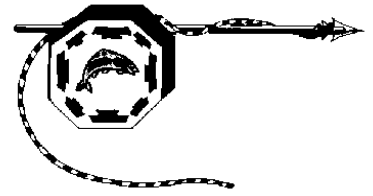


**SWINOMISH INDIAN TRIBAL COMMUNITY  
OFFICE OF PLANNING & COMMUNITY DEVELOPMENT**

11430 Moorage Way • P.O. Box 817 • La Conner, WA 98257  
Phone 360-466-7280 FAX 360-466-1615



**ACCESSORY DWELLING UNIT APPLICATION**

IMPORTANT. Application must include an affidavit by the property/land owner affirming that the owner or an immediate family member will occupy the principal dwelling unit or accessory dwelling unit for more than seven (7) months per year. **All Accessory Dwelling Unit Applications must be approved by the Swinomish Planning Commission.**

**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: \_\_\_\_\_

**RESIDENTIAL**

New _____ ft <sup>2</sup>	Garage _____ ft <sup>2</sup>
Unfinished _____ ft <sup>2</sup>	Shed _____ ft <sup>2</sup>
Addition _____ ft <sup>2</sup>	Carport _____ ft <sup>2</sup>
Remodel _____ ft <sup>2</sup>	Post Frame _____ ft <sup>2</sup>
Repair _____ ft <sup>2</sup>	Deck/Porch _____ ft <sup>2</sup>

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**

<b>Signed Affidavit</b>	<b>YES / NO</b>
<b>Site Plan</b>	<b>YES / NO</b>
<b>Construction Drawings</b>	<b>YES / NO</b>
<b>Drainage plan</b>	<b>YES / NO</b>

**INTENTIONALLY LEFT BLANK**