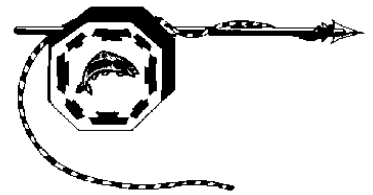


SWINOMISH INDIAN TRIBAL COMMUNITY

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: _____

Existing unit size: _____ sq. ft.

PROPOSED RESIDENTIAL	
New _____ ft ²	Garage _____ ft ²
Unfinished _____ ft ²	Shed _____ ft ²
Addition _____ ft ²	Carport _____ ft ²
Remodel _____ ft ²	Post Frame _____ ft ²
Repair _____ ft ²	Deck/Porch _____ ft ²
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	
Signed Affidavit	YES / NO
Site Plan	YES / NO
Construction Drawings	YES / NO
Drainage plan	YES / NO

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