



SWINOMISH INDIAN TRIBAL COMMUNITY
OFFICE OF PLANNING & COMMUNITY DEVELOPMENT
 11430 Moorage Way • La Conner, WA 98257
 Phone 360-466-7280 FAX 360-466-1615

Date stamp

EXCAVATION & GRADING PERMIT APPLICATION – PERMIT # _____

APPLICANT	OWNER	CONTRACTOR
Name: _____	Name: _____	Company: _____
Address _____	Address _____	Contact: _____
City: _____	City: _____	Address: _____
Zip Code: _____	Zip Code: _____	City: _____ Zip: _____
Day Phone: _____	Day Phone: _____	Day Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell: _____ Fax: _____
Fax: _____	Fax: _____	Registration No: _____
		Expiration Date: _____

PROJECT SITE IDENTIFICATION

Site Address: _____ Lot/Block#: _____ Parcel I.D. #: _____

Plat Name/Short Plat #: _____ Lot Size: _____ acres/sq.ft.

PROJECT INFORMATION

Purpose: _____ Start Date: _____ End Date: _____

Project Description (attach additional documentation as necessary):

Estimated quantity of excavation/fill: _____ (cu. yds.)

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:

_____ Site Plan, with grading plan details showing existing and finished grades (3 copies)

_____ Soils Report **OR** _____ Exempt from Soils Report requirement

_____ Liquefaction Study **OR** _____ Exempt from Liquefaction Study