



# LAND USE APPLICATION FOR CITIES, COUNTIES AND THE COLVILLE CONFEDERATED TRIBES

(The City/County/Tribes may require additional application forms)



**PROJECT TITLE:** \_\_\_\_\_

**THIS APPLICATION IS FOR (check one):**

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Short Form Development Permit	<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use Permit (CUP)	<input type="checkbox"/> Short Subdivision or Alteration	<input type="checkbox"/> Subdivision or Alteration
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Rezone or Code Amendment	<input type="checkbox"/> Planned Development	<input type="checkbox"/> Floodplain Development Permit	<input type="checkbox"/> Shoreline Development Permit or Exemption	<input type="checkbox"/> Other (specify) _____ _____
<b>Total Fees</b> \$	<b>Receipt #</b>	<b>Initials</b>			

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**SURVEYOR OR AGENT INFORMATION**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPERTY OWNER (if different from applicant above)**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

*CHECK ONE:*

Colville Tribal Member (enrollment number): \_\_\_\_\_

Non-Tribal Member

*CHECK ONE:*

Within the boundaries of the Reservation

Outside the boundaries of the Reservation

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

*CHECK ONE:*

Trust land (allotment numbers): 101-- \_\_\_\_\_ 101-- \_\_\_\_\_

Fee Land (tax parcel numbers): \_\_\_\_\_

**ZONE DISTRICT:** \_\_\_\_\_

↓ **OFFICIAL USE ONLY** ↓

After reviewing all relevant information about this land use application, the reviewing agencies hereby agree that

**The Colville Tribes**     **Okanogan County/Municipality of** \_\_\_\_\_ will be the permitting agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Colville Tribal Representative)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized County/City Representative)

**PROJECT INFORMATION**

Description of proposal (kind of use, size, # of units, water supply, sewage disposal, etc.):

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Physical address or point of legal access & description of general location (miles from nearest town, water body, highway, etc.):

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Current Land Use: \_\_\_\_\_

Comprehensive Plan Designation: \_\_\_\_\_

Zone District: \_\_\_\_\_

Shoreline Environment: \_\_\_\_\_

Floodplain Designation: \_\_\_\_\_

Irrigation District: \_\_\_\_\_

Electrical Service Provider: \_\_\_\_\_

Water System (name): \_\_\_\_\_

Telephone District: \_\_\_\_\_

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**ATTACHMENTS:** Attach additional applications, plans, specifications, or information as required by ordinance or guidelines.

**LOCATION MAP:** A site plan is required. Attach here or include with attached application materials. See specific site plan requirements for Okanogan County applications.

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**SIGNATURE BLOCK**

I am the applicant named on the reverse and hereby agree that the foregoing information, and all information attached hereto, is true to the best of my knowledge.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_