



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

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



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

**Total Fees Paid \$** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Initials** \_\_\_\_\_

**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 (4 or fewer lots)	<input type="checkbox"/> Subdivision (5 or more lots)
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Petition for Rezone or Code Amendment	<input type="checkbox"/> Planned Development	<input type="checkbox"/> Flood Plain Development Permit	<input type="checkbox"/> Shoreline Development Permit or Exemption	<input type="checkbox"/> Other (specify) _____ _____

**APPLICANT INFORMATION:**

**SURVEYOR OR AGENT INFORMATION:**

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

**NAME AND ADDRESS OF PROPERTY OWNER, IF DIFFERENT FROM APPLICANT ABOVE:**

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

**CHECK ONE:**  Colville Tribal Member (Enrollment number \_\_\_\_\_) **OR**  Non Tribal Member

**CHECK ONE:**  Within the boundaries of the Reservation **OR**  Outside the boundaries of the Reservation

**TOWNSHIP** \_\_\_\_\_ **RANGE** \_\_\_\_\_ **SECTION** \_\_\_\_\_

**CHECK ONE:**  Trust land [allotment number(s)] **101--** \_\_\_\_\_ **101--** \_\_\_\_\_  
 Fee Land [10 digit parcel number(s)] \_\_\_\_\_  
\_\_\_\_\_

**This property is located within the \_\_\_\_\_ ZONING DISTRICT**

**↓FOR 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 Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Authorized City Representative

**PROJECT INFORMATION:**

Brief Description of Proposal (kind of use, size, # of units, method of water supply and sewage disposal, etc.): \_\_\_\_\_

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General Description (miles from nearest town, water body, highway, etc. Vicinity map may be attached): \_\_\_\_\_

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Current Land Use, Comprehensive Plan, Shoreline, Flood and Zoning Designations: \_\_\_\_\_

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Name of Irrigation District: \_\_\_\_\_

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

Name of Water System: \_\_\_\_\_

Name of Local Telephone Company: \_\_\_\_\_

Point of Legal Access (existing or proposed): \_\_\_\_\_

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**Please attach any other plans, specifications, or information as required by ordinance or guidelines.**

**Please see specific site plan requirements for Okanogan County applications.**

**SIGNATURE BLOCK**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_