



LAND USE AND DEVELOPMENT APPLICATION

FOR PROPERTY WITHIN THE COUNTIES OF OKANOGAN AND FERRY WITHIN THE BOUNDS OF THE COLVILLE INDIAN RESERVATION

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

Colville Confederated Tribes Planning Department
P.O. Box 150 Nespelem, WA 99155
William Marchand, Planning Director
Desk: (509) 634-2580 Fax: (509) 634-2579
William.Marchand@colvilletribes.com

Building Permit/Ground Disturbance Cost Varies/\$50 Residential \$225 Commercial <input type="checkbox"/>	Variance \$225 <input type="checkbox"/>	Conditional Use Permit (CUP) \$225 <input type="checkbox"/>
Short Form Development Permit \$225 <input type="checkbox"/>	Petition for Rezone or Code Amendment \$225 <input type="checkbox"/>	Flood Plane Development Permit \$225 <input type="checkbox"/>
Shoreline Development Permit of Exemption \$225 <input type="checkbox"/>	Short Subdivision (4 or fewer lots) \$225 <input type="checkbox"/>	Subdivision (5 or more lots) \$225 <input type="checkbox"/>

APPLICANT INFORMATION:

Name: _____ Email: _____

Site Address: _____ Mailing Address: _____

City/State/Zip: _____ Phone: _____

Map must be included

CHECK ONE:

Is the applicant a Colville Tribal Member: YES ☐ Enrollment Number _____ NO ☐

Is the site within the boundaries of the Colville Indian Reservation: YES ☐ NO ☐

***TRUST or FEE (TAXABLE) property:** enter the Trust Land allotment number(s) or the Fee Land 10-digit parcel number(s):

TRUST LAND (ALLOTMENT NUMBER) 101-_____ 101-_____ 101-_____

FEE LAND (10-DIGIT PARCEL NUMBER) _____ / _____

TOWNSHIP__ RANGE__ SECTION__

Electrical Service Provider: _____ Water System (City or Well): _____

Point of Legal Access (existing or proposed): _____

IF PROPERTY IS OWNED BY SOMEONE OTHER THAN THE PERSON FILLING OUT THIS FORM A LETTER OF PERMISSION FOR PROPERTY OWNER FORM MUST BE COMPLETED AND ATTACHED

PLEASE PROVIDE A DESCRIPTION OF THE PROJECT:

Payments can be made to the
Colville Confederated Tribes Planning Department
CASHIER'S CHECK /MONEY ORDER

*****NO PERSONAL CHECKS WILL BE ACCEPTED****

APPLICANT SIGNATURE

I AM THE APPLICANT NAMED ON THE REVERSE SIDE OF THIS FORM AND HEREBY STATE THAT THE INFORMATION PROVIDED ON THIS FORM AND ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.



Signature of Applicant: _____ **Date:** _____

OFFICAL USE ONLY

APPROVED: _____ **DENIED:** _____

**INTERNAL USE ONLY
FOR OFFICAL USE ONLY**

After reviewing all relevant information concerning the following;

_____,
the reviewing agencies hereby approve this Land Use Application

**Colville Confederated Tribes
Representative**

Signature: _____

Date: _____

Okanogan County/Ferry County/City/Town

Signature: _____

Date: _____

Land Use Application for the Colville Confederated Tribes Updated 3/21/23

Fee Amount Due: \$ _____ **Fee Paid: \$** _____ **DATE:** _____