



LAND USE AND DEVELOPMENT APPLICATION

FOR CITIES 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 <input type="checkbox"/>	Variance <input type="checkbox"/>	Conditional Use Permit (CUP) <input type="checkbox"/>
Short Form Development Permit <input type="checkbox"/>	Petition for Rezone or Code Amendment <input type="checkbox"/>	Flood Plane Development Permit <input type="checkbox"/>
Shoreline Development Permit of Exemption <input type="checkbox"/>	Short Subdivision (4 or fewer lots) <input type="checkbox"/>	Subdivision (5 or more lots) <input type="checkbox"/>

APPLICANT INFORMATION:

PROJECT TITLE: _____

Fee Due: \$ _____

Name: _____ Email: _____

E-911 Address: _____

City/State/Zip: _____

Phone: _____

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 is this FEE 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** _____

General Description (Map must be included) _____

Utilities Provided by:

Name of Irrigation District: _____ Electrical Service Provider: _____

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

Point of Legal Access (existing or proposed): _____

IF PROPERTY IS OWNED BY SOMEONE OTHER THAN THE INDIVIDUAL LISTED ABOVE FILL OUT THE FOLLOWING:

Name: _____ Address: _____

Phone: _____ City/State/Zip: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE PROPOSAL:

SIGNATURE BLOCK

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: _____

INTERNAL USE ONLY

NOTICE OF RECEIPT OF APPLICATION

PROPERTY LOCATED WITHIN THE _____ ZONING DISTRICT

FOR OFFICAL USE ONLY

After reviewing all relevant information concerning this _____, the reviewing agencies hereby agree to the following:

Colville Confederated Tribes

Okanogan County/Ferry County Representative

Signature: _____

Signature: _____

Date: _____

Date: _____