



# 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  
 John St. Pierre, Land Use Shoreline Administrator  
 Desk: (509) 634-2573 Mobile: (509) 978-9034 Fax: (509) 634-2579  
[john.stpierre.pln@colvilletribes.com](mailto:john.stpierre.pln@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: \_\_\_\_\_