



LAND USE PERMIT INSTRUCTION SHEET

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

CALL 811 BEFORE YOU DIG!

PERMIT # _____

- a. SIGN THIS INSTRUCTION SHEET BELOW
- b. LAND USE AND DEVELOPMENT APPLICATION
- c. BUILDING PERMIT APPLICATION: Valuation must be completed, form must be signed & site plan/building specs
- d. SOLID WASTE DISPOSAL PLAN: Site must be circled or written in/form must be signed
- e. PROVIDE PROOF OF LAND OWNERSHIP/OR LEASE AGREEMENT
- f. 911 ADDRESS APPLCATION: Include map with proposed home site clearly marked
- g. IF APPLYING FOR I.H.S. SANIITATION: Supply a copy of loan approval
- h. **FEES:** CCT PLANNING FOR LAND USE, & BUILDING PERMIT PAYABLE TO PUBLIC WORKS

\$50 FOR MINOR DEVELOPMENTS **\$225 FOR SHORELINE /COMMERCIAL DEVELOPMENT**

WAIVER'S ARE IN PLACE FOR FIRE VICTIMS PER COLIVLLE TRIBAL RESOLUTION 2020-593

TIMELINE: 7 DAY COMMENT PERIOD FOR MINOR DEVELOPMENTS 14 DAY COMMENT FOR MAJOR DEVELOPMEMTS

(SHORELINE, VARIANCE, CONDITIONAL/SPECIAL USE CAN TAKE UP TO 45 DAYS)

ONCE A SIGNED/NUMBERED COPY OF THE BUILDING PERMIT IS RECEIVED FROM THE PUBLIC WORKS DEPARTMENT YOUR PROJECT CAN BEGIN, THEN AND ONLY THEN IS THE APPLICATION CONSIDERED COMPLETED

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SCHEDULE INSPECTIONS

LOIS TREVINO, WATER ADMINISTRATOR/ON SITE SEPTIC PERMITS 509-634-2430

VAL DRYWATER, BUILDING OFFICIAL 509-631-0716

BRUCE WAKEFIELD, WELLS 509-634-2423

LEWIS ADOLPH, I.H.S. SANITATION 509-634-2817

VANESSA IVES, SOLID WASTE ENFORCEMENT OFFICER 509-634-2807

Shelly Clark

Hayley Drywater

Adam Amundson

Administrative Assistant

Senior Planner

Senior Planner

PHONE: 509-634-2570

PHONE: 509-634-2575

PHONE: 509-634-2530

FAX: 509-634-2579

CELL: 509-634-9832

CELL: 509-634-0031

Shelly.Clark.pln@colvilletribes.com

FAX 509-634-2579

FAX: 509-634-2579

hayley.drywater.pln@colvilletribes.com

Adam. Amundson.pln@colvilletribes.com

I HAVE READ THE INFORMATION ABOVE AND UNDERSTAND I NEED AN APPROVED BUILDING PERMIT BEFORE I BEGIN MY PROJECT. BY SIGNING BELOW I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO MY KNOWLEDGE. I ALSO ACKNOWLEDGE THAT I WILL NOT BE ALLOWED TO WITHDRAW THIS APPLICATION AND APPLY THROUGH ANOTHER AGENCY.

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____