

OFFICE OF PLANNING AND COMMUNITY DEVELOPMENT

11367 Moorage Way, La Conner, Washington 98257-0817 Phone (360) 466.7280 | Fax (360) 466.1615

EXCAVATION & GRADING PERMIT APPLICATION - PERMIT #_____

APPLICANT	OWNER		CONTRACTOR	
Name:	Name:		Company:	
Address:	Address:		Contact:	
City:	City:		Address:	
State:	State:		City:	Zip Code:
Zip Code:	Zip Code:		Day Phone:	
Day Phone:	Day Phone:		Cell Phone:	
Cell Phone:	Cell Phone:		Fax:	
Fax:	Fax:		Registration No:	
			Expiration Date:	
Designated agent/contact for application (check one only): Owner Contractor				
PROJECT SITE IDENTIFICATION				
Site Address:	Lot/Block#:		Parcel I.D. #	
Plat Name/Short Plat #:		Lot Size:	acres/sq ft	
PROJECT SITE INFORMATION				
Purpose: Start Date:			End Date:	
Estimated quantity of excavation/fill: (cubic yards)				
Application is hereby made for a permit to authorize activities described herein. I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the Swinomish Indian Tribal Community the right to enter the above-described location to inspect the proposed and/or completed work. Signature (Required): Date:				
	STAFF U	SE ONLY		
Attached Supporting Documents:				
Site Plan, with grading plan details showing existing and finished grades (3 copies)				
Soils Report OR Exempt from Soils Report requirement				
Liquefaction Study OR Exempt from Liquefaction Study				