

Application for Construction Permit

Town of Coulee Dam

300 Lincoln

Coulee Dam, WA 99116

Phone (509) 633-0320 Fax (509) 633-3252

Site Address		Permit Number	
Description of Work			
Owner of Record		Plumbing Fees (NC for new SFR)	
Mailing Address		Residential (repair or replace) 1-5 fix. #35, 6-10 \$55, >10 \$150	
Phone		Fixture Count	
Contractor		Comm. (based on valuation)	
License Number		Prj valuation	
Expiration Date		Plumbing Plan Review	
Contact Person		Misc. Fees	
Phone		Plumbing Total	
Zoning (Classification)		Mechanical Fees (NC for new SFR)	
Front Yard		Res. (repair/replace \$150)	
Front (corner lot)		Comm. (based on Valuation)	
Side Yard		Prj valuation	
Side Yard		Mechanical Plan Review	
Rear Yard		Misc. Fee	
Building Information		Mechanical Total	
Project Valuation		Fire Safety Permit	
Total Sq. Ft.		UST up to 1000 gals	
Building Height		Fire Safety Plan Review	
Type of Heat		Fire Inspection	
Sewer Type		Burn Permit	
Water System		Misc. Fee	
Assessors Tax Account #		Fire Total	
Comments		Other Fees	
I hereby acknowledge that I have read this application and the information contained herein is correct. I agree to comply with all local, state and federal laws regulating building construction and use. I further hereby grant the Building Department, its officers, employees or any other persons properly designated by the Building Official, a right to enter on the premises as described on this application, for the purpose of making such inspections and tests as may be required to ascertain full compliance with all local, state, and federal laws applicable to building construction.		Building Code Council	
		Investigation Fee	
		Total Other Fees	
	Building Permit Fees		
		Building Permit	
		Plan Review	
		Additional Plan Review	
		Total Bldg Fees	
		Total All Fees	
		<Deposit>	
Signature of owner or owner's agent	Date	Balance Due	



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 ☐	Variance \$225 ☐	Conditional Use Permit (CUP) \$225 ☐
Short Form Development Permit \$225 ☐	Petition for Rezone or Code Amendment \$225 ☐	Flood Plane Development Permit \$225 ☐
Shoreline Development Permit of Exemption \$225 ☐	Short Subdivision (4 or fewer lots) \$225 ☐	Subdivision (5 or more lots) \$225 ☐

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 FROM THE 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: _____



SOLID WASTE DISPOSAL FORM

The Confederated Tribes of the Colville Reservation
Public Works Department/Solid Waste
12 Lakes Street P.O. Box 150
Nespelem, WA 99155
509-634-2808

RECEIPTS FROM THE LAND FILL **MUST** BE RETURNED TO THE PUBLIC WORKS DEPARTMENT WITHIN **5** DAYS OF DISPOSAL. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RESULT IN FINES AS A RESULT OF ILLEGAL DUMPING.

PROPERTY OWNER: _____ PHONE NUMBER: _____

OWNER ADDRESS: _____ EMAIL: _____

CONTRACTOR(S): _____ START DATE: _____

- SITE LOCATION: _____
- SCOPE OF WORK: _____

WASTE TYPE: CHECK ALL THAT APPLY

CEMENT/FOUNDATION ☐ INSULATION ☐ ELECTRICAL/WIRING ☐ PLUMBING ☐ ROOFING/TAR PAPER ☐
METAL ☐ CARDBOARD ☐ PLASTIC ☐ SHEET ROCK/SIDING ☐ ACM/MATERIALS CONTAINING LEAD ☐
OTHER _____

***IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE A DISPOSAL SITE MUST BE SELECTED/NAMED.**
THIS FORM MUST ALSO BE SIGNED AND DATED*
THE TRIBAL DUMP IS NOT AN OPTION FOR CONSTRUCTION WASTE

CIRCLE DISPOSAL SITE BELOW (IF SITE NOT LISTED WRITE IN SITE):

- **NO WASTE CHECK HERE:** ☐

IF THERE IS NO WASTE FOR THE PROJECT APPLICANT MUST STILL SIGN & DATE THIS FORM

- OKANOGAN COUNTY LANDFILL, OKANOGAN WA
- STEVENS COUNTY LANDFILL, KETTLE FALLS, WA
- DELANO LANDFILL, GRAND COULEE, WA
- GRAHAM ROAD, AIRWAY HEIGHTS, WA
- WRITE IN: _____

APPLICANT OR CONTRACTOR SIGNATURE: _____ **DATE:** _____

SOLID WASTE MANAGER APPROVAL SIGNATURE: _____ **DATE:** _____

4.13.6 Disposal

(b) All building contractors and any person as defined by Section 4.136.2(k) are required by this Chapter to submit to the department for review and approval a Solid Waste Disposal Plan prior to commencement of work to dispose of work site waste materials through the department or at the nearest approved landfill. The department shall issue a notice of non-compliance to any building contractor who fails to submit the plan, and impose a fine of \$100 per day for each day that the Solid Waste Plan is not submitted to the department. (Amended 11/7/02, Resolution 2002-675)