

# 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	
Signature of owner or owner's agent                      Date		Total All Fees	
		<Deposit>	
		Balance Due	

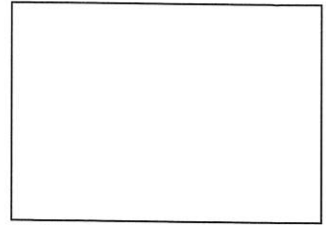


# LAND USE APPLICATION FOR CITIES, COUNTIES AND THE COLVILLE CONFEDERATED TRIBES

(The City/County/Tribes may require that additional application forms be completed)



**PROJECT TITLE:** \_\_\_\_\_



**Total Fees Paid \$** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Initials** \_\_\_\_\_

**THIS APPLICATION IS FOR (check one):**

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Short Form Development Permit	<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use Permit (CUP)	<input type="checkbox"/> Short Subdivision (4 or fewer lots)	<input type="checkbox"/> Subdivision (5 or more lots)
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Petition for Rezone or Code Amendment	<input type="checkbox"/> Planned Development	<input type="checkbox"/> Flood Plain Development Permit	<input type="checkbox"/> Shoreline Development Permit or Exemption	<input type="checkbox"/> Other (specify) _____ _____

**APPLICANT INFORMATION:**

**SURVEYOR OR AGENT INFORMATION:**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**NAME AND ADDRESS OF PROPERTY OWNER, IF DIFFERENT FROM APPLICANT ABOVE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**CHECK ONE:**  Colville Tribal Member (Enrollment number \_\_\_\_\_) **OR**  Non Tribal Member

**CHECK ONE:**  Within the boundaries of the Reservation **OR**  Outside the boundaries of the Reservation

**TOWNSHIP** \_\_\_\_\_ **RANGE** \_\_\_\_\_ **SECTION** \_\_\_\_\_

**CHECK ONE:**  Trust land [allotment number(s)] 101-- \_\_\_\_\_ 101-- \_\_\_\_\_  
 Fee Land [10 digit parcel number(s)] \_\_\_\_\_  
 \_\_\_\_\_

**This property is located within the \_\_\_\_\_ ZONING DISTRICT**

**↓FOR OFFICIAL USE ONLY↓**

After reviewing all relevant information about this land use application, the reviewing agencies hereby agree that

The Colville Tribes  Okanogan County  Municipality of \_\_\_\_\_ will be the permitting agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Colville Tribal Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized County Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized City Representative

**PROJECT INFORMATION:**

Brief Description of Proposal (kind of use, size, # of units, method of water supply and sewage disposal, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Description (miles from nearest town, water body, highway, etc. Vicinity map may be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Land Use, Comprehensive Plan, Shoreline, Flood and Zoning Designations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Irrigation District: \_\_\_\_\_

Electrical Service Provider: \_\_\_\_\_

Name of Water System: \_\_\_\_\_

Name of Local Telephone Company: \_\_\_\_\_

Point of Legal Access (existing or proposed): \_\_\_\_\_

\_\_\_\_\_

**Please attach any other plans, specifications, or information as required by ordinance or guidelines.**

**Please see specific site plan requirements for Okanogan County applications.**

**SIGNATURE BLOCK**

I am the applicant name on the reverse page and hereby state that the foregoing information, and all information attached hereto, is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_



The Confederated Tribes of the Colville Reservation  
CCT Public Works Solid Waste Enforcement  
P.O. Box 150, Nespelem, WA 99155 509-634-2808

## SOLID WASTE DISPOSAL PLAN

### 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)

***YOU MUST SUPPLY RECEIPTS FROM THE LAND FILL YOU DISPOSE OF WASTE AT TO THE SOLID WASTE ENFORCEMENT OFFICER AT THE COLVILLE TRIBES 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: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Prime Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
Company Rep: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sub-Contractors:

\_\_\_\_\_  
(Include Names, Phone Numbers and Addresses)

Site Location:

Scope of Work:

Start Date: \_\_\_\_\_

**2 SIDED FORM - COMPLETE OTHER  
SIDE**

WASTE CHARACTERIZATION	AMOUNT	DISPOSAL SITE *	RECT RECD @ PLANNING
Cement			
Foundation			
Insulation			
Electrical/Wiring			
Plumbing			
Roofing Tab/Tar Paper			
Card Board			
Metal			
Plastic – Type			
Hazardous Wastes **			
ACM/Lead Containing Materials			
Sheet Rock			
Siding			
Compost			
Other			

- Sample Disposal Sites Near the Colville Indian Reservation: Okanogan County Land Fill, Okanogan WA  
Stevens County Land Fill, Kettle Falls, WA  
Delano Land Fill, Grand Coulee, WA  
Graham Road – Airway Heights, WA
- \*\* Treated/painted wood, solvents, paints, etc.

▼▼▼NOTICE TO PROCEED▼▼▼

Contractor/Subcontractor Representative Signature and Date: \_\_\_\_\_

Lead Waste Manager Approval Signature and Date: \_\_\_\_\_