



COEUR D'ALENE TRIBE

850 A STREET
P.O. BOX 408
PLUMMER, IDAHO 83851
(208) 686-1800 • Fax (208) 686-1182

For Office Use Only	
Date Received	_____
Application Fee	_____
Annual Lease Amount	_____
Payment Method	_____
Permit Number	_____
Received by	_____

Tribal encroachment permits are required by Coeur d'Alene Tribal Law and Order Code, Chapter 44. Correct fees must accompany encroachment permit applications.

Return application and applicable fees to: **Coeur d'Alene Tribe, Recreation Management Program, PO Box 408, Plummer, ID 83851**

Please fill out application in its entirety. To help expedite the application process, applicant is encouraged to provide photos of encroachments and a copy of all permits for any existing project.

Incomplete applications will be returned.

This application process does not waive the necessity of applying for any federal permits required by federal law.

TYPE OF WORK REQUESTING PERMIT FOR:

- New Modification/Upgrade of Existing, Encroachment # _____ (located on Annual Lease or end of dock)
- Individual Dock Comm./Co-Op Dock Commercial Marina Shoreline Erosion Control

PLEASE TYPE OR PRINT

1. Legal Owner/Applicant _____	1a. Authorized Agent (if applicable) _____
Mailing Address _____	Mailing Address _____
_____	_____
Work Phone () _____ Home () _____	Work Phone () _____ Home () _____
Fax/Email _____	Other Information _____

2. Location where proposed activity exists or will occur:

Waterway _____

City or County _____

Distance/Direction to Nearby City/Town _____

Directions to the Site _____

Is Encroachment Affixed to Waterfront Property Owned by Applicant?
Yes _____ No _____ If no, explain in space at Item #15

What is the width of your property at the shoreline? _____

STOP – your application must include your lake property parcel number: _____

If you do not know your parcel number, please call: 208-769-4459 for property in Kootenai County or 208-245-2821 for Benewah County.

3. Do you have an expired State of Idaho encroachment permit? _____ If so, a copy must be included.
4. Describe encroachment: (see "Categories" on Fee Schedule) _____

5. Construction materials: _____

6. Length of encroachment into lake or river: _____

7. If project involves bank stabilization or dredge and fill material – CONTACT OUR OFFICE: 208-686-1118.

8. Names, addresses, and telephone numbers of adjoining property owners, their agents, or lessees:

9. Distance between your encroachment and each neighbor's adjacent encroachment: _____

10. Date work proposed would be initiated: _____ Completion date: _____

Contractor or person doing work if other than the Owner/Applicant:

11. Contractor Name _____ Tribal Business License# _____
Mailing Address _____ Phone: Work () _____
City, State, Zip Code _____ Fax () _____

12. List applications, approvals, or certifications from other Federal, State, Interstate or local agencies for work described in this application:

Issuing Agency	Type of Approval	Identification No.	Date of Application	Date of Approval
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. All watercraft Registration Number(s) stored at encroachment, include issuing State and County _____

14. Has any entity or individual expressed opposition to the above-described encroachment? If "Yes" explain _____

15. Applicant is encouraged to include any additional information useful in project evaluation, i.e., specifications for design or engineering.



Application is hereby made for a permit or permits to authorize the 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 further certify that this encroachment shall comply with all Tribal laws for Regulation of Beds, Waters, and Airspace over Navigable Lakes and Streams within the Coeur d'Alene Reservation.

16. I hereby grant the Coeur d'Alene Tribe the right to come upon the above-described location to inspect the proposed or completed work.

Signature of Applicant (ORIGINAL REQUIRED) Printed Name Date

17. If you wish to designate an authorized agent, complete item 1a. and the following information:

I hereby designate _____ to act as my agent in matters related to this permit application.
Printed Name

Signature of Authorized Agent (Original) Date Signature of Applicant (Original) Date

N



N



VICINITY MAP

**IN
IN/NEAR**

COUNTY,

DATE: SHEET 1 OF

APPLICATION BY:

N

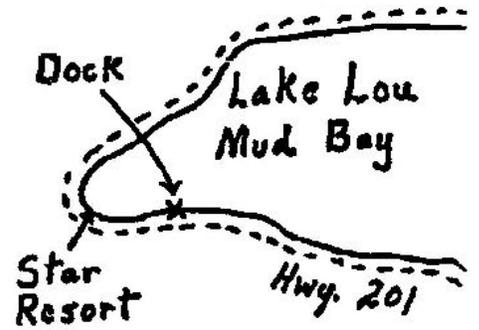


SAMPLE ENCROACHMENT DRAWING(Dock - Piles)

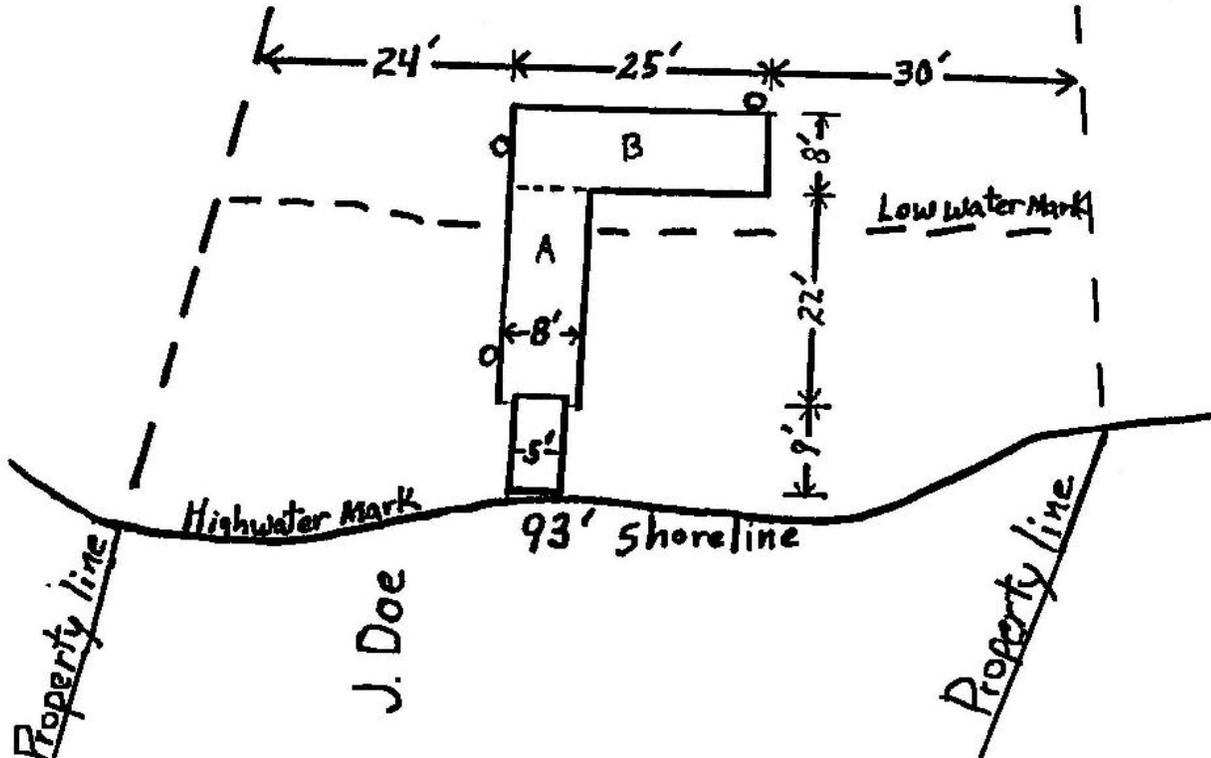
Square Footage

Ramp $5' \times 9' = 45 \text{ sq. ft}$
 A Dock $8' \times 22' = 176 \text{ " "}$
 B Dock $8' \times 25' = 200 \text{ " "}$
421 sq. feet

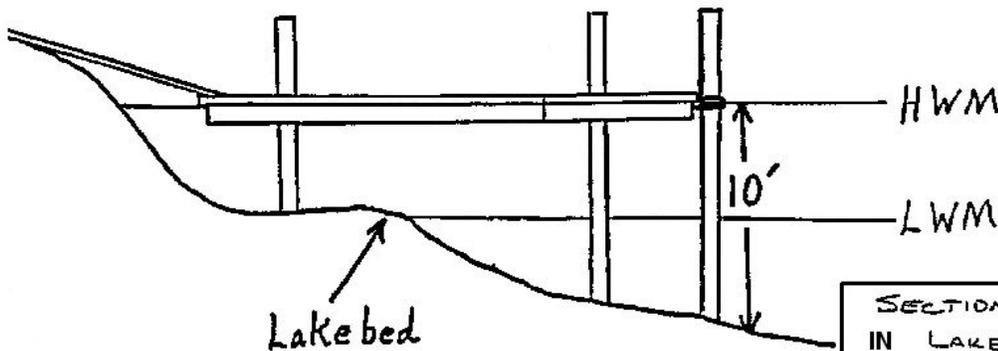
N



VICINITY MAP



9' 30'



SECTION 37 T43N R2E B.M.
 IN LAKE CDA
 IN/NEAR CDA
 Bucolic COUNTY,
 DATE: 1/2/00 SHEET 1 OF
 APPLICATION BY: J. Doe