



CITY OF NORTH BEND

<https://northbendwa.gov>

920 SE Cedar Falls Way North Bend, WA
98045
(425) 888-5633 (425) 888-5636 (FAX)

PERMIT NUMBER DUP2019-0000

Application Date:

Date Issued:

Total Fees:

DESIGNATED USE PERMIT

TEMPORARY USE – CODE COMPLIANCE – FOOD TRUCK VENDOR

Applicant:
Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____
Phone _____
Email _____

Property Owner (if applicable)
Name _____
Company _____
Address _____
City/State/Zip _____
Phone _____
Phone _____
Email _____

Permit Type:
 Temporary Use
 Food Truck
 Other

Description of Designated Use:

Days/Dates of Designated Use

Dates Proposed _____

Number of Days of Designated Use _____

Is Site in a FEMA Floodplain? Yes No

Location of Designated Use:

A Site Plan showing the location of the Designated Use (hand drawn is acceptable) **is required**.

Is a Site Plan included with your Application? YES NO

APPLICABLE CODE COMPLIANCE

Temporary Use must adhere to NBMC 18.22; Food Truck Vendor must adhere to NBMC 18.10.030 & .050

SPECIAL CONDITION(S): _____

FOOD TRUCK VENDOR:

Do you have a Washington State Labor & Industries Food Vendor License? YES NO

Do you have a King County Mobile Food Unit Permit? YES NO

SPECIAL CONDITION(s): _____

ALLOWED WORK HOURS: Allowed Construction noise hours are Mon. – Fri. 7:00 AM to 7:00 PM; Sat. 9:00AM to 5:00 PM; Sunday & All Legal Holidays is not allowed. Failure to Comply with the City's Municipal Code may lead to enforcement actions as allowed per NBMC 1.20.

Staff Only: Is a Street Use Permit required for this Designated Use? Yes No

PERMIT APPROVAL

PERMIT IS APPROVED FOR THE DATE(s) AS DESCRIBED ABOVE. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other State or Local law.

I, the undersigned Authorized Agent Applicant, declare under the penalties of perjury and/or the revocation of any permit granted, that I am the applicant or authorized representative of the person or firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

DATE

CITY OFFICIAL SIGNATURE

DATE

AUTHORIZED AGENT/APPLICANT SIGNATURE