



# CITY OF NORTH BEND

920 SE Cedar Falls Way

North Bend, WA 98045

(425) 888-5633 (425) 888-5636 (FAX)

APPLICATION # \_\_\_\_\_

## LAND USE APPLICATION

Notice: Land Use Applications are subject to termination if after 180 days the Applicant is unresponsive to requests for additional information, revisions, or corrections as requested by the City of North Bend.

Per Ordinance No. 1778

Project Name	Date:	
Address		
PIN #(s)		
Existing Land Use	Proposed Land Use	
Existing Zoning	Proposed Zoning	
Site Area (Sq Ft & Acreage)	<u>Attach Legal Description or Provide on Reverse</u>	
<b>DESCRIPTION OF PROJECT:</b>		
<b>OWNER / APPLICANT</b>		
Name:	Phone:	
Organization:	Cell:	
Mailing Address	Email:	
City	State	Zip
<b>CONTACT PERSON</b>		
Name:	Phone:	
Organization:	Cell:	
Mailing Address	Email:	
City	State	Zip
<b>TYPE OF APPLICATION:</b>		
AATS	<b>SHORELINE PERMIT:</b>	
Admin Interpretation	Substantial Development	
Annexation	Conditional Use	
Binding Site Plan	Variance	
Boundary Line Adjustment	Exemption	
Conditional Use Permit	Amendment	
Master Plan Approval	<b>FLOODPLAIN DEVELOPMENT:</b>	
Site Plan Approval	Habitat/Fee Exempt	
Rezone	Elevation Certificate	
Special Permit	Floodplain Dev. Permit	
Temporary Permit		
Variance		
<b>SUBDIVISION:</b>		
Boundary Line Adjustment	<b>MOBILE HOME PARKS:</b>	
Short Plat	Tentative	
Preliminary Plat	Preliminary	
Final Plat	Final	
No. of Lots: _____ Plat Name: _____		
<b>X</b>	<b>ENVIRONMENTAL REVIEW:</b>	
Owner/Applicant Signature		
Acceptance of this application and fee(s) does not constitute a complete application. Plans and other material required to constitute a complete application are listed in the application procedure.		
<b>TOTAL FEES:</b>		
Date Paid: _____		
Receipt #: _____		
City Project Number: _____		

**APPLICATION #** \_\_\_\_\_

Parcel Number(s) of Affected Property: \_\_\_\_\_

## LEGAL DESCRIPTION OF PROPERTY

*(If more space is required, please attach a separate sheet)*

# AFFIDAVIT

I, \_\_\_\_\_ being duly sworn, declare that I am (please check one) \_\_\_\_\_ the authorized representative to act for the property owner, \_\_\_\_\_ the owner of the property involved in this application and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

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**(Signature of Owner)**

(Address)

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**(City/State/Zip)**

(Phone)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

Signed or attested before me on \_\_\_\_\_  
(Date)

by

*(Fill in name)*

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(Notary Signature) (*Print Name:* \_\_\_\_\_)

NOTARY PUBLIC in and for the State of Washington Residing at

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My appointment expires:

Acceptance of this application and required filing fee does not constitute a complete application. Plans and other material required to constitute a complete application are listed in the "Application Procedure".