



# 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

<i>Applicant:</i> Name _____ Company _____ Address _____ City/State/Zip _____ Phone _____ Phone _____ Email _____	<i>Property Owner (if applicable)</i> Name _____ Company _____ Address _____ City/State/Zip _____ Phone _____ Phone _____ Email _____	<i>Permit Type:</i>  <input type="checkbox"/> Temporary Use  <input type="checkbox"/> Food Truck  <input type="checkbox"/> Other
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**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