



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) _____ Attach Legal Description or Provide on Reverse

DESCRIPTION OF PROJECT: _____

OWNER / APPLICANT

Name: _____ Phone: _____
 Organization: _____ Cell: _____
 Mailing Address _____ Email: _____
City State Zip

CONTACT PERSON

Name: _____ Phone: _____
 Organization: _____ Cell: _____
 Mailing Address _____ Email: _____
City State Zip

TYPE OF APPLICATION:

AATS
 Admin Interpretation
 Annexation
 Binding Site Plan
 Boundary Line Adjustment
 Conditional Use Permit
 Master Plan Approval
 Site Plan Approval
 Rezone
 Special Permit
 Temporary Permit
 Variance

SHORELINE PERMIT:

Substantial Development
 Conditional Use
 Variance
 Exemption
 Amendment

FLOODPLAIN DEVELOPMENT:

Habitat/Fee Exempt
 Elevation Certificate
 Floodplain Dev. Permit

MOBILE HOME PARKS:

Tentative
 Preliminary
 Final

SUBDIVISION:

Boundary Line Adjustment
 Short Plat
 Preliminary Plat
 Final Plat
 No. of Lots: _____ Plat Name: _____

ENVIRONMENTAL REVIEW:

Project Value: _____
 Critical Area
 SEPA
 Flood

X _____
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.

TOTAL FEES: _____
 Date Paid: _____
 Receipt #: _____
 City Project Number: _____

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.

(Signature of Owner)

(Address)

(City/State/Zip)

(Phone)

State of _____)
County of _____)

Signed or attested before me on _____
(Date)

by _____
(Fill in name)

(Notary Signature) (Print Name: _____)

NOTARY PUBLIC in and for the State of Washington Residing at

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".