



City of Mukilteo Land Use Permit Application

11930 Cyrus Way
Mukilteo, WA 98275
(425) 263-8000
www.mukilteowa.gov

RUP-HE-2022-001

GENERAL INFORMATION

ADDRESS/LOCATION: Vacant Property PARCEL NO: 00596901100100

DESCRIPTION OF WORK: Construction of a 2-storey new single family home with partial daylight basement.

RECEIVED

COMP PLAN DESIGNATION: SINGLE-FAMILY RESIDENTIAL HIGH DENSITY 6.0 LOTS/ACRE ZONING: RD 7.5

MAR 16 2022

DATE OF PREAPPLICATION MEETING (if held): 11/22/2021

CITY OF MUKILTEO

APPLICANT INFORMATION

NAME: Jan Hromada PHONE: 206-915-3412 EMAIL: jan@levarchitecture.com

ADDRESS: PO BOX 33024 CITY: Seattle STATE: WA ZIP: 98133

PROPERTY OWNER INFORMATION Same as Above

NAME: Shawn Roten PHONE: 425-210-9884 EMAIL: washingtontimbercompany@gmail.com

ADDRESS: 9910 Marine View DR CITY: Mukilteo STATE: WA ZIP: 98275

CONTACT INFORMATION Same as Above

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Project Type (check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Accessory Dwelling Unit* | <input type="checkbox"/> Lot Line Adjustment* | <input type="checkbox"/> Special Use* | <input checked="" type="checkbox"/> Variance* |
| <input type="checkbox"/> Binding Site Plan | <input type="checkbox"/> Reasonable Use* | <input type="checkbox"/> Subdivision*: | <input type="checkbox"/> Wireless Communication Facility |
| <input type="checkbox"/> Comprehensive Plan Amendment* | <input type="checkbox"/> Rezone* | <input type="checkbox"/> Preliminary Short | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> Conditional Use* | <input type="checkbox"/> SEPA | <input type="checkbox"/> Preliminary Long | _____ |
| <input type="checkbox"/> Floodplain* | <input type="checkbox"/> Shoreline: | <input type="checkbox"/> Final Short | _____ |
| <input type="checkbox"/> Development* | <input type="checkbox"/> Conditional Use* | <input type="checkbox"/> Final Long | _____ |
| <input type="checkbox"/> Letter* | <input type="checkbox"/> Exemption | <input type="checkbox"/> Amendment | _____ |
| <input type="checkbox"/> Programmatic* | <input type="checkbox"/> Substantial Development* | | |
| | <input type="checkbox"/> Variance* | | |

*Supplemental Application Required

SIGNATURE:

I/We certify that the information provided in this application, including all submittals and attachments, is true and correct under penalty of perjury by the laws of the State of Washington.

 12-06-21
Applicant / Authorized Agent Signature Date

 11-26-21
Owner Signature (required) Date