



City of Mukilteo Land Use Permit Application

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



Received by Email

GENERAL INFORMATION

8/17/20

ADDRESS/LOCATION: West of Campbell Ave & 8th St PARCEL NO: 00527503900500

DESCRIPTION OF WORK: Filling of 3,432 sq ft of Category IV wetland, for future development of subject property. Compensatory mitigation will be provided at CAMP Mitigation Site M2 by creating a total of 5,162 sq ft of wetland and providing 6,649 sq ft of buffer enhancement.

COMP PLAN DESIGNATION: SFR-High ZONING: RD 7.5 SFR

DATE OF PREAPPLICATION MEETING (if held): August 8, 2020

APPLICANT INFORMATION

NAME: Terry Mundorf PHONE: 425-239-7673 EMAIL: terrym@millcreeklaw.com

ADDRESS: 211 Wyatt Way NW 8-102 CITY: Bainbridge Island STATE: WA ZIP: 98110

PROPERTY OWNER INFORMATION Same as Above

NAME: _____ PHONE: _____ EMAIL: _____

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

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 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 checked="" 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* | | |

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.

8/14/20

Applicant / Authorized Agent Signature

Date

8/14/20

Owner Signature (required)

Date