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City of Mukilteo

By Sarah Kress at 2:35 pm, Apr 17, 2020

1100 Cyrus Way
Mukilteo, WA 98275
(425) 263-8000

Land Use Permit Application

www.mukilteowa.gov

GENERAL INFORMATION

ADDRESS/LOCATION: 4206 78th Street SW, Mukilteo WA, 98275 PARCEL NO: 28041000302100

DESCRIPTION OF WORK: Construct new stormwater decant facility and vehicle storage building

COMP PLAN DESIGNATION: _____ ZONING: PI Planned Industrial

DATE OF PREAPPLICATION MEETING (if held): 12/10/2019

APPLICANT INFORMATION

NAME: Matt Nienhuis-City of Mukilteo PHONE: 425-315-2613 EMAIL: mnienhuis@mukilteowa.gov

ADDRESS: 11930 Cyrus Way CITY: Mukilteo STATE: WA ZIP: 98275

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"/> Reasonable Use*	<input type="checkbox"/> Special Use*	*Supplemental Application Required
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Rezone*	<input type="checkbox"/> Subdivision*:	<input type="checkbox"/> Variance*
<input type="checkbox"/> Comprehensive Plan Amendment*	<input type="checkbox"/> Shoreline:	<input type="checkbox"/> Preliminary Short Facility	<input type="checkbox"/> Wireless Communication
<input type="checkbox"/> Conditional Use*	<input type="checkbox"/> Conditional Use*	<input type="checkbox"/> Preliminary Long	<input type="checkbox"/> Other*: _____
<input type="checkbox"/> Lot Line Adjustment*	<input type="checkbox"/> Exemption	<input type="checkbox"/> Final Short	_____
	<input type="checkbox"/> Substantial Development*	<input type="checkbox"/> Final Long	_____
	<input type="checkbox"/> Variance*	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> SEPA

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.

Applicant / Authorized Agent Signature

Owner Signature (required)

Date

Date