



City of Mukilteo

Land Use Permit Application

Received by Email

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



10-05-2021

GENERAL INFORMATION

ADDRESS/LOCATION: 9110 53rd Ave W PARCEL NO: 00611600015901

DESCRIPTION OF WORK: Subdivision of a single lot into seven single family lots with the minimum lot size of 7200 sf.

COMP PLAN DESIGNATION: Single Family Residential - Low Density ZONING: RD 12.5 SFR

DATE OF PREAPPLICATION MEETING (if held): 05/18/2021

APPLICANT INFORMATION

NAME: Sea-Pac Homes -Glen Belew PHONE: 425-953-2808 EMAIL: Glen.b@seapachomes.com

ADDRESS: 120 SW Everett Mall Way Suite 100 CITY: Everett STATE: WA ZIP: 98204

PROPERTY OWNER INFORMATION Same as Above

NAME: _____ PHONE: _____ EMAIL: _____

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

CONTACT INFORMATION Same as Above

NAME: Blueline - Jake Drake PHONE: 425-250-7232 EMAIL: jdrake@thebluelinegroup.com

ADDRESS: 25 Central Way Suite 400 CITY: Kirkland STATE: WA ZIP: 98033

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 checked="" 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 checked="" 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.

Glen Belew 10/4/2021
Applicant / Authorized Agent Signature Date

Glen Belew 10/4/2021
Owner Signature (required) Date