



City of Mukilteo Land Use Permit Application

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

GENERAL INFORMATION

ADDRESS/LOCATION: 700 Front Street PARCEL NO: 28040400200100; 28040400203000

DESCRIPTION OF WORK: The Port of Everett is proposing development of a "parklet" on parcels that were formerly part of the approach ramp for the former Washington State Ferry Terminal. The Port is partnering with Ivar's to repurpose the parcel for public park space and seasonal outdoor dining space. The dining space will be leased to Ivar's and will be separated from the publicly accessible portion of the parklet.

COMP PLAN DESIGNATION: Downtown Business ZONING: Downtown Business

DATE OF PREAPPLICATION MEETING (if held): 12/16/21

APPLICANT INFORMATION

NAME: Laura Gurley, Director of Planning PHONE: (425) 388-0720 EMAIL: laurag@portofeverett.com

ADDRESS: Port of Everett 1205 ~~2500~~ Craftsman Way, Suite 200 CITY: Everett STATE: WA ZIP: 98201

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 type="checkbox"/> SEPA | <input type="checkbox"/> Preliminary Long | _____ |
| <input checked="" type="checkbox"/> Floodplain* | <input checked="" type="checkbox"/> Shoreline: | <input type="checkbox"/> Final Short | _____ |
| <input checked="" 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 checked="" 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.

Laura M. Gurley 3/16/2022
Applicant / Authorized Agent Signature Date

same
Owner Signature (required) Date