



City of Mukilteo Land Use Permit Application

11930 Cyrus Way
Mukilteo, WA 98275
(425) 263-8000

www.mukilteowa.gov



Received by Email

10-08-2021

GENERAL INFORMATION

ADDRESS/LOCATION: 3701 South Road, Mukilteo WA 98275 PARCEL NO: 00441300002500

DESCRIPTION OF WORK: Redevelopment of existing site, to include construction of a new building.

COMP PLAN DESIGNATION: _____ ZONING: _____

DATE OF PREAPPLICATION MEETING (if held): _____

APPLICANT INFORMATION

NAME: Combined Construction PHONE: 425-610-4334 EMAIL: aj@combinedconstructioninc.com

ADDRESS: 3701 South Rd CITY: Mukilteo STATE: WA ZIP: 98275

PROPERTY OWNER INFORMATION Same as Above

NAME: Smith & Sons Real Estate PHONE: 425-610-4334 EMAIL: aj@combinedconstructioninc.com

ADDRESS: 3701 South Rd CITY: Mukilteo STATE: WA ZIP: 98275

CONTACT INFORMATION Same as Above

NAME: Ryan Moore / Vector Engineering PHONE: 360-352-2477 EMAIL: admin@vectorengineeringinc.com
rmoore@vectorengineeringinc.com

ADDRESS: 2724 Black Lake Blvd SW, Suite 202 CITY: Tumwater STATE: WA ZIP: 98512

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 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.

9/23/2021
Applicant / Authorized Agent Signature Date

10/7/2021
Owner Signature (required) Date