



CITY OF **MUKILTEO**

Land Use Permit Application

Received by Email

2/18/21

11930 Cyrus Way
Mukilteo, WA 98275
(425) 268-8000
www.mukilteowa.gov

GENERAL INFORMATION

ADDRESS/LOCATION: 823 2nd St. , Mukilteo 98275 PARCEL NO: 00465900300100

DESCRIPTION OF WORK: Clearing/grading and demolition of existing structure for the construction of a new commercial/apartment building consisting of road level commercial space with 14 apartment units above.

COMP PLAN DESIGNATION: Commercial - Mixed Use ZONING: DB - Downtown Business

DATE OF PREAPPLICATION MEETING (if held): June 16, 2020

APPLICANT INFORMATION

NAME: Tersa Tellus, Inc. PHONE: 425-999-6321 EMAIL: bob@3sqft.biz

ADDRESS: 40844 Sandpiper Ct. CITY: Palm Desert STATE: CA ZIP: 92260

PROPERTY OWNER INFORMATION Same as Above

NAME: _____ PHONE: _____ EMAIL: _____

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

CONTACT INFORMATION Same as Above

NAME: Western Engineers & Surveyors PHONE: 425-356-2700 EMAIL: jessej@wesl.co

ADDRESS: 9740 Evergreen Way CITY: Everett STATE: WA ZIP: 98204

Project Type (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Accessory Dwelling Unit* | <input type="checkbox"/> Reasonable Use* | <input type="checkbox"/> Special Use* | <input type="checkbox"/> Variance* |
| <input type="checkbox"/> Binding Site Plan | <input type="checkbox"/> Rezone* | <input type="checkbox"/> Subdivision* | <input type="checkbox"/> Wireless Communication Facility |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Shoreline: | <input type="checkbox"/> Preliminary Short | <input checked="" type="checkbox"/> Other: <u>Commercial</u> |
| <input type="checkbox"/> Conditional Use* | <input type="checkbox"/> Conditional Use* | <input type="checkbox"/> Preliminary Long | _____ |
| <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 |

*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.

Applicant/ Authorized Agent Signature

Date

02/02/21

Owner Signature (required)

Date