



Received by Email

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# City of Mukilteo Land Use Permit Application

11930 Cyrus Way  
Mukilteo, WA 98275  
(425) 263-8000  
[www.mukilteowa.gov](http://www.mukilteowa.gov)

### GENERAL INFORMATION

ADDRESS/LOCATION: 6300 Webster Way PARCEL NO: R00408600400300  
DESCRIPTION OF WORK: New construction Single Family Residence

COMP PLAN DESIGNATION: \_\_\_\_\_ ZONING: RD 12.5 S  
DATE OF PREAPPLICATION MEETING (if held): 02/24/2020

### APPLICANT INFORMATION

NAME: Chris Estes PHONE: 425 879-0077 EMAIL: ChrisMEstes@gmail.com  
ADDRESS: 6116 Chennault Beach Dr. 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"/> Lot Line Adjustment*       | <input type="checkbox"/> Special Use*      | <input type="checkbox"/> Variance*                       |
| <input type="checkbox"/> Binding Site Plan             | <input checked="" 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.

Applicant / Authorized Agent Signature

9/22/2020  
Date

  
Owner Signature (required)

9/22/2020  
Date