



City of Mukilteo Land Use Permit Application

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

GENERAL INFORMATION

ADDRESS/LOCATION: 707 Front Street PARCEL NO: 00451300100100

DESCRIPTION OF WORK: _____

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

DATE OF PREAPPLICATION MEETING (if held): None

APPLICANT INFORMATION

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

ADDRESS: 1205 Craftsman Way, Suite 200 CITY: Everett STATE: WA ZIP: 98201

PROPERTY OWNER INFORMATION Same as Above

NAME: Mukilteo Landing LLC PHONE: _____ EMAIL: _____

ADDRESS: 18960 SR 2, Suite 146 CITY: Monroe STATE: WA ZIP: 98272

CONTACT INFORMATION Same as Above

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

ADDRESS: 1205 Craftsman Way, Suite 200 CITY: Everett STATE: WA ZIP: 98201

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 checked="" type="checkbox"/> Shoreline: | <input type="checkbox"/> Preliminary Long | |
| <input type="checkbox"/> Floodplain* | <input type="checkbox"/> Conditional Use* | <input type="checkbox"/> Final Short | |
| <input type="checkbox"/> Development* | <input type="checkbox"/> Exemption | <input type="checkbox"/> Final Long | |
| <input type="checkbox"/> Letter* | <input checked="" type="checkbox"/> Substantial Development* | <input type="checkbox"/> Amendment | |
| <input type="checkbox"/> Programmatic* | <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
Applicant / Authorized Agent Signature

12/12/22
Date

same as above
Owner Signature (required)

12/12/22
Date