



City of Mukilteo
Land Use Permit Application

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

GENERAL INFORMATION

ADDRESS/LOCATION: PARCEL NO:

DESCRIPTION OF WORK:

COMP PLAN DESIGNATION: ZONING:

DATE OF PREAPPLICATION MEETING (if held):

APPLICANT INFORMATION

NAME: PHONE: EMAIL:

ADDRESS: CITY: STATE: ZIP:

PROPERTY OWNER INFORMATION Same as Above

NAME: PHONE: 9A 5=@ SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS_SSSSSS

ADDRESS: CITY: STATE: ZIP:

CONTACT INFORMATION Same as Above

NAME: PHONE: EMAIL:

ADDRESS: CITY: STATE: ZIP:

Project Type (check all that apply):

- Accessory Dwelling Unit*, Binding Site Plan, Comprehensive Plan Amendment, Conditional Use*, Lot Line Adjustment*, Reasonable Use*, Rezone*, Shoreline, Conditional Use*, Exemption, Substantial Development*, Variance*, Special Use*, Subdivision*, Preliminary Short, Preliminary Long, Final Short, Final Long, Amendment, Variance*, Wireless Communication Facility, Other: SEPA

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

Owner Signature (required)

Date