



4480 Chennault Beach Road, Mukilteo, WA 98275
(425) 355-4141
Fax (425) 347-4544

Conditional Use Permit Supplemental Application Form

Date: _____ Application Number: _____

Fee Received: \$ _____ Cash Check Other Receipt #: _____

APPLICANT/OWNER INFORMATION

Applicant: _____	Legal Property Owner(s): _____
Address: _____ _____	Address: _____ _____
Phone:(Home) _____	Phone:(Home) _____
(Office) _____	(Office) _____
(Fax) _____	(Fax) _____

Applicant is: Owner in fee simple Contract purchaser Agent for Owner

PRIMARY CONTACT PERSON

Name: _____	Date of Present Ownership of Property: _____
Address: _____ _____	Date of Contract if Now Purchasing Property: _____
Phone:(Home) _____	
(Office) _____	Please provide a copy of the contact.
(Fax) _____	

PROPERTY/LOT INFORMATION

Legal Description of property (attach): _____

Assessor's Tax Account Number: _____

Location/Street Address of Property: _____

Zoning District: _____

Comprehensive Plan Designation: _____

Lot Area (Square Feet) _____

BUILDING INFORMATION

Area of all Existing Building(s) (Square Feet): _____

Area of all Proposed Building(s) (Square Feet): _____

Area of all Proposed Additions: _____

CONDITIONAL USE REQUEST INFORMATION

Cite Code Section for Which Conditional Use is Being Requested: _____

NARRATIVE EXPLANATION OF REQUEST: Please submit a written detailed explanation of the purpose of the request and discuss how the Conditional Use Permit application meets the criteria for approval and the project's relationship to current plans, policies, and regulations. Refer to the Conditional Use Permit brochure for the criteria.

REQUIRED SIGNATURES

THE INFORMATION GIVEN IS SAID TO BE TRUE UNDER THE PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON.

Applicant/Authorized Agent

Date

Legal Property Owner*

Date

Legal Property Owner*

Date

* NOTE: If legal owner is a corporation or partnership, proof of ability to sign for the corporation or partnership shall be submitted to the City of Mukilteo with this application.