

## Type of application

- ☒ Standard
 ☐ Staff approval
 ☐ Hearing Examiner
 ☐ Plan Revision
 ☐ Amended
 ☐ Reapplication
- ☒ Rezoning
 ☒ Conditional Use Permit
 ☐ Variance
 ☐ Ordinance Amendment
- ☒ Preliminary Development Plan
 ☐ Interim Use Permit
 ☐ Comprehensive Plan Amendment
 ☐ Subdivision
- ☒ Final Development Plan
 ☐ Final Site and Building Plan
 ☐ Other \_\_\_\_\_

## Site location ■ Additional addresses on back ■ Legal description attached

Property address 7800 Picture Drive		Common name LifeTouch Studios Office	
Business address Same			
PIN 16-116-21-22-0003	Lot 1	Block 1	Plat name National School Studios Addition

## Proposal Full documentation must accompany application

Application for planned development zoning overlay for property in CO-1 zoning district, together with Conditional Use Permit for operation of a Major Commercial Golf Facility, and preliminary and final development plan approvals. Please refer to project narrative enclosed herewith.

## Complete all applicable sections — Select only ONE person as primary contact

### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>  <input type="checkbox"/> <b>Additional owners on Back</b>	Owner name per property title LIFETOUCH National School Studios Inc.		E-mail		
	Mailing address 11000 Viking Drive	City Eden Prairie	State MN	Zip 55344	
	Business address Same	City	State	Zip	
	Daytime phone	Cell phone	FAX		
	Jay Drayton		VP, Information Systems		
	Typed/printed name		Signature		Title

### User/occupant

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Drive Shack Holdings, LLC, its successors and assigns		E-mail laltamiranda@driveshack.com		
	Mailing address 111 West 19th Street	City New York	State NY	Zip 10011	
	Business address Same	City	State	Zip	
	Daytime phone (646) 841-4017	Cell phone	FAX		
	Luis Altamiranda		RE Development Manager		
	Typed/printed name		Signature		Title

**NOTE: Applications only accepted with ALL required support documents. See Instructions.**

### Deadline for agency action

60 Days: \_\_\_\_\_ 120 Days: \_\_\_\_\_

Planner: \_\_\_\_\_ DRC: \_\_\_\_\_

### Shaded areas are for office use only

Received:	Date	By
Reviewed:	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date	\$
<input type="checkbox"/> Admin. approval:	Date	By
	<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager	
	<input type="checkbox"/> Other _____	

**Complete all applicable sections — Select only ONE person as primary contact****Additional parties**☒ **Primary contact**

Business name/name Kimley-Horn		E-mail Andy.Berg@kimley-horn.com	
Mailing address 767 Eustis Street East, Suite 100	City St. Paul	State MN	Zip 55114
Business address Same	City	State	Zip
Daytime phone (651) 643-0480	Cell phone (612) 590-4250	FAX	
_____ Andy Berg <i>Typed/printed name</i>		_____ Civil Engineer <i>Title</i>	

**Additional fee property owners and addresses**

Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>	
_____ <i>Title</i>			

Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>	
_____ <i>Title</i>			

Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>	
_____ <i>Title</i>			

**Use additional sheets or copy form for additional properties**