

Development Application

Case no. CASE FILE #PL201700199

			Type of a	pplication					
Standard		Ⅱ ☐ Hearing E	xaminer	✓ Plan Revisi	on 🗌 Am	ended	□Re	application	1
☐ Rezoning ☐ Preliminary D ☐ Final Develop	Pevelopment Plan oment Plan	☐ Conditional Use☐ Interim Use Per ☑ Final Site and B	mit	☐ Variance ☐ Compreh ☐ Other	nensive Plan An	nendme	****	Ordinance Subdivision	Amendment I
	A PRODUCT OF THE PROPERTY OF T	cation 🔳 Additio	nal address€	s on back	Legal descri		tached		116.4
Property address 8000 24th Ave S;	8201 24th Ave S				Common nan Mall of Amer		ing		
Business addres 60 E Broadway, F	s Bloomington, MN	55425							
PIN 0102724240007;	0102724420006		Lot 01	Block 01	Plat name Mall of Ameri	ca 6th A	.ddn; Mall	of Americ	a 4th Addn
Section 1		Proposal Full	documentatio	on must accor	mpany applica	tion		search 198	
Remove and re	place six (6) exi	sting parking lot li	ght poles w	ith structural	ly adequate p	oles o	f same st	yle, diarr	neter, and
		pment on the pole	<u> </u>						
purpose of the	installations is t	o provide outdoor	distributed	antenna sei	vice co quilte	ar quri	qra qir d	ie Mill o	f America
DAS network		s are porth of the							
	Comple	ete all applicable s	3505 W 10 550 W 10 10 10 10 10 10 10 10 10 10 10 10 10		E person as pr	imary c	ontact		
, presenting	C State (State)	Backet or well-commerced and reside in the Commerce States and Commerced States and Commerced States	Fee prope	rty owner	an again ann an again		-	, i v	
Primary contact	Owner name per property title MOAC Land Holdings, LLC						E-mail eric.atkins@moa.net		
restrictions	Mailing address		00000000000000000000000000000000000000	City Bloomington			State VIN	Zip 55425	hitti MMA Vilga sasanananan reneranan nereneranan reneranan ereneranan ereneranan ereneranan ereneranan erener
Additional owners on Back	2131 Lindau Lane, Suite 500 Business address	and the second s	City			State Zip			
on Daok	Daytime phone Cell phone 952-883-8508 952-250-56			FAX			<u></u>		
	Eric Atkins	орудна в в в в в в в в в в в в в в в в в в в		<u> </u>	Windowski .		Projec	ct Managei	
	Ту	ped/printed name	and the second s	C	Signature	****************	and the second	Title	
			User/od	cupant			100		i i
Primary	Business name/name						E-mail		
contact	Mailing address			City			State	te Zip	
	Business address			City			State Zip		
	Daytime phone Cell phone			FAX			harmon and a second a second and a second an		
			***************************************				The state of the s		AND THE RESERVE THE PROPERTY OF THE PROPERTY O
	Ty	ped/printed name		S	Signature		recentable representable	Title	CONTROL OF THE CONTRO
NOTE: Applica	tions only accept documents. See	ted with ALL required	d support		Shaded area	***************************************		ise only	
	Deadline for ag	35.546		Received:	Date	В			k. 4 km.
00.0		•		Reviewed: Fee paid:	Date Date	 \$	y LIPC		ME
60 Days:		20 Days		☐ Admin.	Date	В	V		
Planner		RC		approval:	☐ Comm. De			nning Div.	Manager
					☐ Other				
Community E	Pevelopment	Planning and Econo 1800 W. Old Shakop Bloomington MN 5	ee Road	FAX 952-50	63-8920 E-M	1AIL pla	nning@ci mington.i	.bloomingt	on.mn.us

Development Application

Case no.

Complete all applicable sections — S	Select only ONE ,	person as primar	y contact
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		Addition	al parties					
Primary	Business name/name				E-mail			
contact	Julie Plante on behalf of Verizon W	reless				jplante@ssc.us.com		
	Mailing address		City		State	Zip		
	3408 Park Ter		Mpls		MN	55406		
	Business address		City		State	Zip		
	Daytime phone Cell 612-242-3673 612		phone 2-242-3673		FAX NA			
	Julie Plante		XIVIAL	ante	<u>A</u>	gent for Verizon Wire		
	Typed/printed name)	ature	Title			
	Additional	fee property	owners and a	addresses				
	Business name/name NA					E-mail		
	Mailing address		City	And the second s	State	Zip		
	Business address	annean na mhaith dh'i Air Air Air achaide is mhain leachta an bhaile an bhaile an bhaile an bhaile an bhaile a	City	and delicities that a self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-self-to-	State	Zip		
	Daytime phone		FAX NA					
	Typed/printed name		Signature			Title		
	Business name/name			E-mail	E-mail			
	Mailing address		City	***************************************	State	Zip		
	Business address		City		State	Zip		
	Daytime phone Cell pho		ne FA		X			
	Typed/printed name		Sign	ature		Title		
	Typodipiniod name		5,9,,		CIV			
	Business name/name NA				E-mail			
	Mailing address	City		State	Zip			
			T		State	Zip		
	Business address		City					
		Cell phone	City	FAX				
	Business address	Cell phone		FAX		Title		