



Development Application

Case no. PL201700290
PL2017-290

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
60 East Broadway, Bloomington
Business address

Common name
Mall of America

PIN
0102724310017

Lot
1

Block
1

Plat name
Mall of America 8th Addn

Proposal ■ Full documentation must accompany application

CUP for Vehicle Rental Facility and amendment to Final Site and Bldg Plan

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title <u>MOAC Mall Holdings LLC</u>		E-mail	
	Mailing address <u>60 East Broadway</u>	City <u>Bloomington</u>	State <u>MN</u>	Zip <u>55425-5550</u>
<input type="checkbox"/> Additional owners on Back	Business address		City	State
	Daytime phone		Cell phone	FAX
<u>Rich Hoge</u> Typed/printed name		<u>[Signature]</u> Signature	<u>VP Operations</u> Title	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name <u>TREVLS, INC. / John Marino</u>		E-mail <u>jmarino@trevl.com</u>	
	Mailing address <u>60 South 6th Street</u>	City <u>Minneapolis</u>	State <u>MN</u>	Zip <u>55402</u>
Business address		City	State	Zip
Daytime phone <u>612-388-9765</u>		Cell phone	FAX	
<u>John Marino</u> Typed/printed name		<u>[Signature]</u> Signature	<u>President</u> 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		

Community Development

Planning and Economic Dev.
1800 W. Old Shakopee Road
Bloomington MN 55431-3027

PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

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

<input checked="" type="checkbox"/> Primary contact	Business name/name <u>Larkin Hoffman c/o William C. Griffith Jr.</u>		E-mail <u>wgriffith@larkinhoffman.com</u>	
	Mailing address <u>8300 Norman Center Drive</u>	City <u>Bloomington</u>	State <u>MN</u>	Zip <u>55437-1060</u>
	Business address	City	State	Zip
	Daytime phone <u>952-896-3290</u>	Cell phone	FAX	
	<u>William C. Griffith</u> Typed/printed name		<u>[Signature]</u> Signature	
			<u>[Signature]</u> Title	

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

Use additional sheets or copy form for additional properties