



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 Common name: Mall of America
 Business address: _____

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

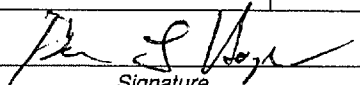
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Fee property owner

Primary contact
 Additional owners on Back

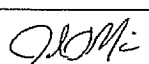
Owner name per property title: MOAC Mall Holdings LLC E-mail: _____
 Mailing address: 60 East Broadway City: Bloomington State: MN Zip: 55425-5550
 Business address: _____ City: _____ State: _____ Zip: _____
 Daytime phone: _____ Cell phone: _____ FAX: _____

Rich Hoge  VP Operations
Typed/printed name *Signature* *Title*

User/occupant

Primary contact

Business name/name: TREVLS, INC. / John Marino E-mail: jmarino@trevls.com
 Mailing address: 60 South 6th Street City: Minneapolis State: MN Zip: 55402
 Business address: _____ City: _____ State: _____ Zip: _____
 Daytime phone: 612-388-9765 Cell phone: _____ FAX: _____

John Marino  President
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

Community Development Planning and Economic Dev. PH 952-563-8920 E-MAIL planning@ci.bloomington.mn.us
 1800 W. Old Shakopee Road FAX 952-563-8949 www.ci.bloomington.mn.us
 Bloomington MN 55431-3027 TTY 952-563-8740

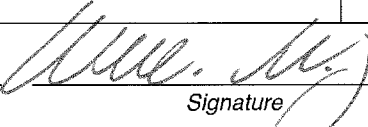
PL201700290
 PL2017-290

Development Application

Case no. _____

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	
	Daytime phone <u>952-896-3290</u>	Cell phone	FAX		
	<u>William C. Griffith</u> <i>Typed/printed name</i>		 <i>Signature</i>	<u>W. Hoffman</u> <i>Title</i>	

Additional fee property owners and addresses

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

Use additional sheets or copy form for additional properties