

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 EFH Co		E-mail Jschultz@efhco.com		
	Mailing address 2999 West County Road 42 #206		City Burnsville	State MN	Zip 55306
	Business address 2999 West County Road 42 #206		City Burnsville	State MN	Zip 55306
	Daytime phone 952-890-6450	Cell phone 612-363-1304	FAX		
	_____ <i>Jim Schultz</i> Typed/printed name		_____ <i>Jim Schultz</i> Signature		_____ Construction Mgr 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		
_____ DANIEL WIXON Typed/printed name		_____ <i>Daniel Wixon</i> Signature		_____ Pres. Title

Use additional sheets or copy form for additional properties