



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 & 7850 Dupont Ave S., & 1217 Clover Dr S

Common name
HOM Furniture & Budget Avis

Business address
10301 Woodcrest Dr NW

PIN
0402724120030, 0402724120029 & 0402724120013

Lot 001 & 002 Block 001 & 00


Plat name
Addition: Hollenbeck Enterprises & South Bend Terrace

Proposal Full documentation must accompany application

please see attached

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title Wayne Johansen, Owner		E-mail wjohansen@homfurniture.com	
	Mailing address 10301 Woodcrest Dr NW	City Coon Rapids	State MN	Zip 55433
<input checked="" type="checkbox"/> Additional owners on Back	Business address Same as mailing	City	State	Zip
	Daytime phone	Cell phone 612-325-0205	FAX 763-772-1500	
	Wayne Johansen <i>Typed/printed name</i>		 <i>Signature</i> Chairman <i>Title</i>	

User/occupant

<input checked="" type="checkbox"/> Primary contact	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>				

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 John Pierce		E-mail jpierce@homfurniture.com	
Mailing address 10301 Woodcrest DR NW	City Coon Rapids	State MN	Zip 55433
Business address same as mailing	City	State	Zip
Daytime phone	Cell phone 763-300-5646	FAX	
John Pierce <i>Typed/printed name</i>		Real Estate Manager <i>Signature</i> <i>Title</i>	

Additional fee property owners and addresses

Business name/name AVIS BUDGET / BRAD DOBESH		E-mail brad.dobesh@avisbudget.com	
Mailing address	City	State	Zip
Business address 1217 CLOVER DR S	City BLOOMINGTON	State MN	Zip 55420
Daytime phone	Cell phone 816-365-3816	FAX	
BRAD DOBESH <i>Typed/printed name</i>		District Manager <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