

Development Application

web_52_001 pg1 of __ (07/09)

Case no.

CASE FILE #PL201800206

and the second			Type of a	pplication						
✓ Standard	Staff approva	ll Hearing	Examiner	☐ Plan Revis	sion	Amend	ed 🗌	Reapplica	ition	
✓ Rezoning✓ Preliminary I✓ Final Develo	Development Plan pment Plan	Conditional Us Interim Use Pe	ermit	☐ Variance☐ Compre☐ Other _		Plan Amend	dment [☐ Ordinar ☑ Subdivi	nce Amend sion	ment
	30.00 10.00 10.00 10.00 10.00	ocation I Addit	ional address	es on back	Legal	descriptio	n attached	1	1 300 300	
Property addres 7800 & 7850 Dup	s Soont Ave S., & 121	7 Clover Dr S				on name Furniture d	& Budget A	Avis		
Business address 10301 Woodcress										
PIN 0402724120030, (0402724120029 & (0402724120013	Lot 001 & 002	Block 001 & 0	Plat na Additio	me n: Hollenb	eck Enterp	orises & Sc	outh Bend '	Γerracε
		Proposal Ful	l documentati	ion must acco	ompany a	pplication		de englane dans		Meg Services
please see attac	ched									
				Film street seems or street seems or street	wyasana wa waka wa wa			and the standard leave.		and the second second
						NA 1/20/10/20/20/20/20/20/20/20/20/20/20/20/20/20				
	Comple	ete all applicable :	sections — S	Select only Ol	NE persoi	n as prima	ry contact	•		
			Fee prop	erty owner	4.					
✓ Primary contact	Owner name per property title Wayne Johansen, Owner						E-mail wjohans	E-mail wjohansen@homfurniture.com		
Additional owners on Back	Mailing address 10301 Woodcrest Dr NW			City Coon Rapids			State MN			
	Business address Same as mailing			City			State	State Zip		
	Daytime phone Cell phone 612-325-02							763-772-1500		
	Wayne Johansen			I la l			E STATE OF THE PARTY OF THE PAR	Chairman		
	Typed/printed name			Signature				Title		
		TO THE STATE OF TH	User/o	ccupant		and the second of the second o	ASSER BUSINE			
Primary contact	Business name/name						E-mail	E-mail		
	Mailing address			City			State	Zip		
	Business address			City			State	Zip		
	Daytime phone Cell phone			FAX			X			
			,				w. T		,,	
	Typed/printed name			Signature				Title		
NOTE: Applica	ations only accept documents. See	ted with ALL require	ed support			d areas a	re for offic	e use oni	У	ands-e-strongsages
Deadline for agency action				Received:	Date Date		By □ PC □ CC □ HE			
60 Days: 120 Days			Fee paid:	Date		\$				
-				☐ Admin.	Date By					
Planner DRC			approval:	☐ Con	☐ Comm. Dev't Dir. ☐ Planning Div. Manager					
					☐ Oth	er				
Community I	Development	Planning and Econ 1800 W. Old Shake Bloomington MN	opee Road	FAX 952-	563-8920 563-8949 563-8740	E-MAIL	planning@bloomingto	on.mn.us	ngton.mn.	

Development Application

Case no.

CASE FILE #PL201800206

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

Business name/name John Pierce Mailing address 10301 Woodcrest DR NW Business address same as mailing Daytime phone	City Coon Rapids City Call phone 763-300-5646	State MN State	homfurniture.com Zip 55433 Zip		
10301 Woodcrest DR NW Business address same as mailing Daytime phone	Coon Rapids City Cell phone	MN State	55433		
Business address same as mailing Daytime phone	Cell phone	ν	Zip		
Daytime phone	Cell phone 763-300-5646	1 =434	,		
11 8		FAX			
John Pierce	C. Bers	Re	S Real Estate Manager		
Typed/printed name	Signature		Title		
Additional fee	property owners and addre	esses			
Business name/name AVIS BUDGET BRAI	D0 3627H	E-mail	d. dobeshe Andu		
Mailing address	City	State	Zip (4		
Business address	City BLOOM NAGTON	State M A	Zip 55420		
Daytime phone	Call phone	FAX			
Brad Dobesh	Trad No	M	District Manager		
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 phone	FAX	AX'		
Typed/printed name	Signature		Title		
	l E-mail				
	City				
	·				
Daytime phone	Cell phone	FAX	ιX 		
Timed levinted name	Signatura		Title		
	Typed/printed name Additional feet Business name/name AVIS BUDGET BRAN Mailing address Business address 1247 CLOVER DR S Daytime phone Business name/name Mailing address Business address Business address Daytime phone Typed/printed name Business address Business address Business name/name Business address Business address Business name/name Business address Business address Business address	Additional fee property owners and address Business name/name AVIS BUDGET BRAD DOBENH Mailing address 1217 CLOVER DR S Daytime phone Cell phone Business name/name Mailing address City Business name/name Mailing address City City Business name/name Mailing address City Daytime phone Cell phone Signature Signature City Daytime phone Cell phone City City Daytime phone Cell phone Cell phone Cell phone City Daytime phone Cell phone	Additional fee property owners and addresses Business name/name ANS BUDGET RAD DOBESH Mailing address City State Business address 12.7 CLOVER DR S BLOOM ANGTON STATE Daytime phone Cell phone Relic-365-3816 Business name/name Business name/name City State FAX City State MA Typed/printed name Cell phone Cell phone Signature Business address City State Business address City State City State City State Daytime phone Cell phone FAX Typed/printed name Cell phone FAX Daytime phone Cell phone FAX City State City State Daytime phone Cell phone FAX		

Use additional sheets or copy form for additional properties