



# Development Application

Case no. PL2019-71

### 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 8711 Lyndale Ave S		Common name	
Business address			
PIN	Lot	Block	Plat name

### Proposal Full documentation must accompany application

Truck canopy on south side of the existing building

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

### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>	Owner name per property title <u>R&amp;K III, LLC</u>		E-mail <u>josh@rk-realty.com</u>	
	Mailing address <u>700 Berkshire Lane N</u>	City <u>Plymouth</u>	State <u>MN</u>	Zip <u>55441</u>
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address <u>Same as mailing</u>		City	State
	Daytime phone <u>763-231-2666</u>		Cell phone	FAX
	<u>Josh Kasdan</u>			<u>President</u>
	Typed/printed name		Signature	Title

### User/occupant

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name <u>Log House Foods, Inc.</u>		E-mail	
	Mailing address <u>700 Berkshire Lane N</u>	City <u>Plymouth</u>	State <u>MN</u>	Zip <u>55441</u>
Business address <u>Same as mailing</u>		City	State	Zip
Daytime phone <u>763-546-8395</u>		Cell phone	FAX <u>763-546-7339</u>	
<u>Same as Fee Property Owner</u>		Signature		Title
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 \_\_\_\_\_

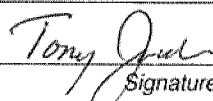
Shaded areas are for office use only	
Received:	Date _____ By _____
Reviewed:	Date _____ By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date _____ \$ _____
<input type="checkbox"/> Admin. approval:	Date _____ By _____
	<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager
<input type="checkbox"/> Other	_____

# Development Application

Case no. \_\_\_\_\_

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

## Additional parties

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Tony Jardine			E-mail tjardine@loghousefoods.com	
	Mailing address 700 Berkshire Lane N		City Plymouth	State MN	Zip 55441
	Business address Same as mailing		City	State	Zip
	Daytime phone 763-546-8395	Cell phone 763-218-8378	FAX 763-546-7339		
	_____ Tony Jardine <i>Typed/printed name</i>		_____  <i>Signature</i>		_____ Dir. of Logistics <i>Title</i>

## 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		
_____ <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>
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**