

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 _____

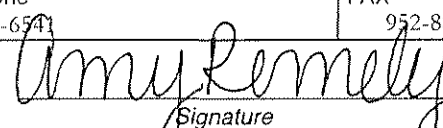
Site location ■ Additional addresses on back ■ Legal description attached

Property address 10520 France Avenue South		Common name Valley West Shopping Center	
Business address 501 South Eighth Street, Minneapolis, MN 55404			
PIN 19-027-24-41-0029	Lot 003	Block 001	Plat name NA

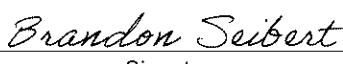
Proposal Full documentation must accompany application

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title Osborne Properties Limited Partnership		E-mail amy.remely@krausanderson.com	
	Mailing address 501 South Eighth Street	City Minneapolis	State MN	Zip 55404
	Business address 501 South Eighth Street	City Minneapolis	State MN	Zip 55404
	Daytime phone 612-255-2425	Cell phone 952-913-6541	FAX 952-881-8114	
	Amy Remely <i>Typed/printed name</i>		 <i>Signature</i>	
		Property Manager <i>Title</i>		

User/occupant

<input type="checkbox"/> Primary contact	Business name/name PF Minnesota, LLC./DBA Planet Fitness/Brandon Seibert		E-mail bseibert@pfbaseline.com	
	Mailing address 3475 56th St. South Suite #200	City Fargo	State ND	Zip 58104
	Business address	City	State	Zip
	Daytime phone 612-512-8111	Cell phone Same	FAX N/A	
	Brandon J. Seibert <i>Typed/printed name</i>		 <i>Signature</i>	
		Director of Construction <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 _____	