



# Development Application

Case no. **PL201900184** **PL2019-184**

### 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: **8000 24th Ave S**      Common name: **Mall of America 6th Addition**

Business address


PIN: **01-027-24-24-0007**      Lot: **001**      Block: **001**      Plat name

### Proposal *Full documentation must accompany application*


Major revision to the Mall of America Preliminary Development Plan and Final Development Plan for South Loop Water Park and associated parking structure

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

#### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>  <input checked="" type="checkbox"/> <b>Additional owners on Back</b>	Owner name per property title <b>MOAC Land Holdings LLC</b>		E-mail <b>Kurt.Hagen@moa.net</b>	
	Mailing address <b>3131 Lindau Lane Suite 500</b>	City <b>Bloomington</b>	State <b>MN</b>	Zip <b>55425</b>
	Business address <b>3131 Lindau Lane Suite 500</b>	City <b>Bloomington</b>	State <b>MN</b>	Zip <b>55425</b>
	Daytime phone <b>952.322.2119</b>	Cell phone	FAX	
	Kurt Hagen <i>Typed/printed name</i>		 <i>Signature</i>	

#### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name <b>Provident Group – Old Met Properties Inc.</b>		E-mail <b>hicks@provident.org</b>	
	Mailing address <b>5565 Bankers Ave.</b>	City <b>Baton Rouge</b>	State <b>LA</b>	Zip <b>70808</b>
	Business address <b>5565 Bankers Ave.</b>	City <b>Baton Rouge</b>	State <b>LA</b>	Zip <b>70808</b>
	Daytime phone <b>(225) 766-3999</b>	Cell phone <b>225-921-0734</b>	FAX	
	Steve E. Hicks <i>Typed/printed name</i>		 <i>Signature</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 _____		

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### Additional parties

**Primary contact**

Business name/name City of Bloomington - Port Authority		E-mail srudlang@BloomingtonMN.gov	
Mailing address 1800 W Old Shakopee Road	City Bloomington	State MN	Zip 55431
Business address 1800 W Old Shakopee Road	City Bloomington	State MN	Zip 55431
Daytime phone 952-563-4861	Cell phone	FAX	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>	
		_____ <i>Title</i>	

DocuSigned by:  
*Schane Rudlang*  
E2EA65863CAE4B3

### 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**