

## **Development Application**

Case no.

PL201900184

PL2019-184

web\_52\_001 pg1 of \_\_ (07/09)

		Type of a	application							
Standard	Staff approval Hearing	Examiner	Plan Revisi	on 🗆 Am	ended	☐ Rea	application			
Rezoning										
		onal address	es on back	Legal descri		ached				
Property address	s ve S		Common nan		a 6th 1	Addition				
Business addres	SS									
PIN 01-027-24-2	Block 001	Plat name								
01-02/-24-2	Proposal Full	001		nnany annlina	tion					
	Proposal Full	aocumentati	on must accor	прапу аррпса	lion			إ		
Major revisi	on to the Mall of America	Prelimina	ary Develor	oment Plan	and F	inal D	evelopment	Plan		
for South Loop Water Park and associated parking structure										
	<del>-</del>		· · · · · · · · · · · · · · · · · · ·							
·	Complete all applicable s	sections — s	Select only ON	E person as pi	rimary co	ontact	<del></del>			
		Fee prop	erty owner							
Primary	Owner name per property title	ogoddddin 💆 Mae'r ddynnog Carllon Cogre M	·	E	E-mail					
contact	MOAC Land Holdingss LLC				K	Kurt.Hagen@moa.net				
g	Mailing address	<b>.</b>	City			State Zip				
✓ Additional		3131 Lindau Lane Suite 500		Bloomington		MN 55425				
owners on Back	Business address 3131 Lindau Lane Suite 500		City Bloomington			State Zip MN 55425				
	Daytime phone Cell phone		<u> </u>		FAX					
	952.322.2119	DocuSigned by:								
	Kurt Hagan	Kurt Hagen				<del></del>				
	Kurt Hagen		388BA469BCD1479: Signature			SVP Development				
\$ # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Typed/printed name						Title			
	I Division of the second	User/o	ccupant	Control of the Contro		ers Berjáldrausk		nerodial de la		
Primary	Business name/name  Provident Group - Old Met	ing Tra			E-mail					
contact	Provident Group — Old Met Properti Mailing address		City			hicks@provident.org State Zip		***************************************		
	5565 Bankers Ave.		Baton Rouge			A	70808			
	Business address		City		S	tate	Zip			
	5565 Bankers Ave.		Baton Rouge		<del></del>	Α	70808			
	Daytime phone   Cell phone   (225) 766-3999   22 €		- 921- 0734		FAX					
		A - V - 3								
	Steve E. Hicks				$\rightarrow \mathcal{A}$	Ch	airman & CE	:0		
l sa likewa wilik in sama na mwanishi na mata wa sa	Typed/printed name	501 - 501		gnature /	A STATE OF THE STA		Title			
NOTE: Applications only accepted with ALL required support documents. See Instructions.  Shaded areas are for office use only										
Deadline for agency action			Received:							
60 Days: 120 Days			Fee paid:	The state of the s						
	DRC		☐ Admin.	Date						
rianner			approval:	☐ Comm. Dev't Dir. ☐ Planning Div. Manager						
				Lin ming Div. Manager						
				Other			· · · · · · · · · · · · · · · · · · ·			
Community I	Development Planning and Econ 1800 W. Old Shako					nning@ci. mington.n	bloomington.mn nn.us	.us		

TTY 952-563-8740

Bloomington MN 55431-3027

Page 2 of\_\_\_\_\_

## **Development Application**

Case no.

PL201900184

PL2019-184

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

		Additio	nal parties	er myggerier. Maleria							
Primary	Business name/name	E-mail	E-mail								
contact	City of Bloomington - Port Authority					srudlang@BloomingtonM					
	Mailing address		City		State	Zip					
	1800 W Old Shakopee Road		Bloomington		MN	55431					
	Business address		City		State	Zip					
	1800 W Old Shakopee Road		Bloomington		MN	55431					
	Daytime phone 952-563-4861	Cell phor	DocuSigned by:	FAX	(						
	Schane Rudlang		Schane Rudlang		Administrator						
	Typed/printed name		Signature		Title						
	Additional fee property owners and addresses										
s. 1 min	Business name/name				E-mail						
	Mailing address		City	City		Zip					
	Business address		City	All III III II		Zip					
	Daytime phone	Cell phor	ne FAX								
	Typed/printed name  Business name/name		Signature		Title						
	Mailing address		City		State Zip						
		***************************************			O.G.O						
	Business address		City		State	Zip					
	Daytime phone	Cell phor	ne	FAX							
		~~									
	Typed/printed name		Signature			Title					
	Business name/name				E-mail						
	Mailing address		City		State	Zip					
	Business address		City		State	Zip					
	Daytime phone Cell phone		FAX								
	Typed/printed name		Signature		***************************************	Title					