



Development Application

Case no. PL2016-120

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
8100 24th Avenue South, Bloomington, MN 55425

Common name
Mall of America Transit Station

Business address

PIN
01-027-24-31-0017

Lot
1

Block
1

Plat name
MALL OF AMERICA 3RD ADDITION

Proposal Full documentation must accompany application

Major revision to the Final Development Plan for the Mall of America for the renovation of the Metro Transit MOA Transit Station.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title MOAC Mall Holdings, LLC / Rich Hoge		E-mail rich.hoge@maa.net	
	Mailing address 60 East Broadway	City Bloomington	State MN	Zip 55425
	Business address same	City	State	Zip
	Daytime phone 952-883-8800	Cell phone	FAX	
	Rich Hoge		Vice President - Operations	
<input type="checkbox"/> Additional owners on Back	Typed/printed name		Signature	

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Metro Transit / Derek L. Berube, PE		E-mail derek.berube@metrotransit.org		
	Mailing address 677 Transfer Road	City St. Paul	State MN	Zip 55114	
	Business address same	City	State	Zip	
	Daytime phone 612-349-7560	Cell phone 651-900-9774	FAX 612-349-7600		
	Derek L. Berube		Principal Contract Admin.		
Typed/printed name		Signature		Title	

NOTE: Applications only accepted with ALL required support documents. See Instructions.

Deadline for agency action

60 Days: 8.28.2016

120 Days: 10.27.2016

Planner: M. Centurion

DRC: Yes - 7.12.2016

Shaded areas are for office use only

Received:	Date <u>6.29.16</u>	By <u>M. Centurion</u>
Reviewed:	Date	By <input type="checkbox"/> PC <input checked="" type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date <u>6.29.16</u>	\$ <u>830.00</u>
Admin. approval:	Date	By
	<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager	
	<input type="checkbox"/> Other _____	

Community Development

Planning and Economic Dev.
1800 W. Old Shakopee Road
Bloomington MN 55431-3027

PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

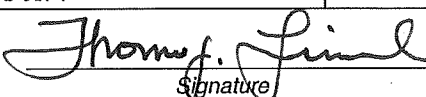
E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

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Additional parties					
<input checked="" type="checkbox"/> Primary contact	Business name/name Kimley-Horn and Associates, Inc. / Thomas J. Lincoln, PE			E-mail tom.lincoln@kimley-horn.com	
	Mailing address 2550 University Avenue West, Suite 238N		City St. Paul	State MN	Zip 55114
	Business address same		City	State	Zip
	Daytime phone 651-643-0453	Cell phone 612-281-6194	FAX		
	Thomas J. Lincoln <i>Typed/printed name</i>		 <i>Signature</i>		Senior Project Manager <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