



Development Application

Case no. _____

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 FDP Approval Extension

Site location ■ Additional addresses on back ■ Legal description attached

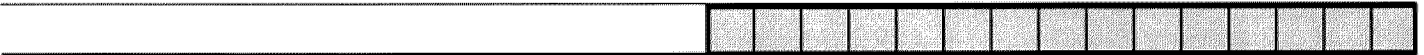
Property address: **8000 24th Avenue South** Common name: **Met Center**

Business address: _____

PIN: **0102724240014** Lot: **1** Block: **1** Plat name: **Mall of America 9th Addition**

Proposal Full documentation must accompany application

Request to extend the planned development approvals for the MOA Waterpark



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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title MOAC Land Holdings, LLC		E-mail	
	Mailing address 2131 Lindau Lane, Suite 500	City Bloomington	State MN	Zip 55425
<input type="checkbox"/> Additional owners on Back	Business address 2131 Lindau Lane, Suite 500		State MN	Zip 55425
	Daytime phone	Cell phone	FAX	
Kurt Hagen <i>Typed/printed name</i>		DocuSigned by: Kurt Hagen 5E526E2C56ED4 Signature		SVP Development <i>Title</i>

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name MOA WP Development, LLC		E-mail	
	Mailing address 2131 Lindau Lane, Suite 500	City Bloomington	State MN	Zip 55425
Business address 2131 Lindau Lane, Suite 500		City Bloomington	State MN	Zip 55425
Daytime phone	Cell phone	FAX		
Kurt Hagen <i>Typed/printed name</i>		DocuSigned by: Kurt Hagen 5E526E2C56ED4 Signature		SVP Development <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 _____		

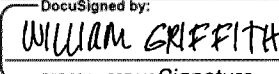
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Additional parties

Primary contact

Business name/name Larkin Hoffman		E-mail wgriffith@larkinhoffman	
Mailing address 8300 Norman Center Drive, Ste 1000		City Bloomington	State MN
		Zip 55437	
Business address 8300 Norman Center Drive, Ste 1000		City Bloomington	State MN
		Zip 55437	
Daytime phone 952-896-3290	Cell phone	FAX	
William C. Griffith <i>Typed/printed name</i>		DocuSigned by:  F6D8611455F446 <i>Signature</i>	
		Shareholder <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