



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 <input type="checkbox"/> Additional owners on Back	Owner name per property title MOAC Land Holdings, 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 Typed/printed name		Kurt Hagen Signature SVP Development Title	

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 Typed/printed name		Kurt Hagen Signature SVP Development Title	

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	

Community Development

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

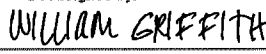
 PH 952-563-8920
 FAX 952-563-8949
 TTY 952-563-8740

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

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

<input checked="" type="checkbox"/> 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		Title	

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