



# Development Application

Case no. PL202200247

PL2022-247

### 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 Extension of Final Development Plan

### Site location ■ Additional addresses on back ■ Legal description attached

Property address 7900 24th Avenue	Common name		
Business address			
PIN 07-027-24-21-0004	Lot 1	Block 1	Plat name Mall of America 9th Addition

### Proposal Full documentation must accompany application

See attached narrative letter.

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

#### Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title		E-mail	
	Mailing address	City	State	Zip
<input type="checkbox"/> Additional owners on Back	Business address		State	Zip
	Daytime phone	Cell phone	FAX	
_____ Typed/printed name		_____ Signature		_____ Title

#### User/occupant

<input 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 Same		State	Zip
	Daytime phone	Cell phone	FAX	
_____ Kurt Hagen Typed/printed name		DocuSigned by:  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](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)


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## Additional parties

<input type="checkbox"/> <b>Primary contact</b>	Business name/name Larkin Hoffman / William C. Griffith		E-mail wgriffith@larkinhoffman.com	
	Mailing address 8300 Norman Center Dr., Suite 1000	City Bloomington	State MN	Zip 55437
	Business address Same	City	State	Zip
	Daytime phone 952-896-3290	Cell phone	FAX 952-842-1738	
	_____ William C. Griffith <i>Typed/printed name</i>	_____  <i>Signature</i>	_____ Attorney <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 952-842-1738		
_____ <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**