

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 8525 and 8545 Penn Ave S		Common name Penn Lake CityHomes	
Business address 5123 W 98th St #142, Bloomington, MN 55437			
PIN 04-027-24-33-0002 and 04-027-24-33-0001	Lot	Block	Plat name Penn Lake CityHomes

Proposal Full documentation must accompany application

Extension request for approved plat and plan/plan revision to adjust lot lines. Revision is to accommodate city ordinance requiring articulation of proposed architectural structure walls.

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

Fee property owner

☐ Primary contact ☐ Additional owners on Back	Owner name per property title MCDC Penn LLC		E-mail brianjclemens@gmail.com		
	Mailing address 5695 Zanzibar Lane N	City Plymouth	State MN	Zip 55446	
	Business address	City	State	Zip	
	Daytime phone +1 612-616-3553	Cell phone	FAX		
	Brian Clemens		Principal		
	Typed/printed name		Signature		Title

User/occupant

☒ Primary contact	Business name/name Penn Lake CityHomes LLC		E-mail steve@smartfitdevelop.com		
	Mailing address 5123 W 98th St #142	City Bloomington	State MN	Zip 55437	
	Business address	City	State	Zip	
	Daytime phone 952-314-6087	Cell phone 651-235-6429	FAX		
	Steve Furlong		Principal		
	Typed/printed name		Signature		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 ☐ PC ☐ CC ☐ HE
Fee paid:	Date	\$
☐ Admin. approval:	Date	By
	☐ Comm. Dev't Dir. ☐ Planning Div. Manager	
	☐ Other _____	

Case no. _____

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

Additional parties					
☒ Primary contact	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				

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		
	_____ 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				
	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				

Use additional sheets or copy form for additional properties