

Case no.

PL202400051

PL2024-51

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: 9501 LYNDALE AVE S. Common name: Oxboro Service Center

Business address: 9505 Lyndale Ave S

PIN: 15-027-24 22 0065 Lot: 1 Block: 1 Plat name: Oxboro Development 3rd Addition

Proposal Full documentation must accompany application

CUP for health club use in 2,200 sf space

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: EDWARD CONLEY / 9501 LLC E-mail: ccf 430 41460.com

Mailing address: 1599 SELBY AVE SUITE 201 City: ST. PAUL State: MN Zip: 55104

Business address: 1599 SELBY AVE SUITE 201 City: ST. PAUL State: MN Zip: 55104

Daytime phone: 651-225-4164 Cell phone: 612-328-0457 FAX: 651-225-4166

EDWARD CONLEY [Signature] OWNER
 Typed/printed name Signature Title

User/occupant

☒ Primary contact

Business name/name: Strong Fitness/Verito E-mail:

Mailing address: City: State: Zip:

Business address: City: State: Zip:

Daytime phone: Cell phone: FAX:

Veronica M Gomez [Signature] Fitness
 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

Development Application

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