



# Development Application

Case no. PL2018-139 PL201900139

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

Additional parties					
<input type="checkbox"/> <b>Primary contact</b>	Business name/name Steve Sabraski on behalf of Landform Professional Services, LLC			E-mail	
	Mailing address 105 South Fifth Avenue, Suite 513	City Minneapolis	State MN	Zip 55401	
	Business address 105 South Fifth Avenue, Suite 513	City Minneapolis	State MN	Zip 55401	
	Daytime phone 612-638-0243	Cell phone	FAX		
	Steve Sabraski <i>Typed/printed name</i>		_____ <i>Signature</i>		Principal <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**