

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

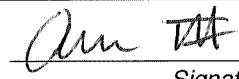
Property address 8201 Park Avenue S, Bloomington, MN		Common name Dar Al-Farooq	
Business address 8201 Park Avenue S, Bloomington, MN			
PIN 0202724320089	Lot 001	Block 001	Plat name Smith Park 3rd Addition

Proposal Full documentation must accompany application

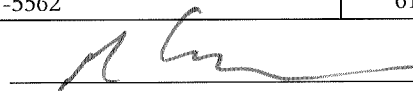
See attached proposal

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title Al Jazari Institute - Mohamed Omar		E-mail dujaahah2000@daralfarooq.com	
	Mailing address 8201 Park Avenue S	City Bloomington	State MN	Zip 55420
<input type="checkbox"/> Additional owners on Back	Business address Same		State	Zip
	Daytime phone 952-767-0677	Cell phone 612-481-9020	FAX	
Mohamed Omar <i>Typed/printed name</i>		 <i>Signature</i>	Executive Director <i>Title</i>	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Success Academy		E-mail mrabeaa@successacademymn.org	
	Mailing address 8201 Park Avenue S	City Bloomington	State MN	Zip 55420
Business address Same		City	State	Zip
Daytime phone	Cell phone 612-267-5562	FAX 612-876-3070		
Magdy Rabeaa <i>Typed/printed name</i>		 <i>Signature</i>	Executive Director <i>Title</i>	

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 _____		

Development Application

Case no. _____

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

Additional parties

<input type="checkbox"/> Primary contact	Business name/name NAI Architects, Inc - John Gaspar		E-mail john@nai-architects.com	
	Mailing address 1959 Sloan Pl, Ste 100		City Maplewood	State MN
	Business address Same		City	Zip 55117
	Daytime phone 651-487-3281		Cell phone	FAX
	_____ <i>Typed/printed name</i>		_____ <i>Signature</i>	_____ <i>Title</i>

Additional fee property owners and addresses

Business name/name		E-mail	
Mailing address		City	State
Business address		City	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
Business address		City	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
Business address		City	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