

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 Change to Condition of Approval

Site location ■ Additional addresses on back ■ Legal description attached

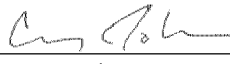
Property address 1700 American Boulevard East			Common name Great Wolf Lodge		
Business address 1700 American Boulevard East					
PIN 0202724110056	Lot 001	Block 001	Plat name Decathlon Hotel Addition		

Proposal Full documentation must accompany application


See attached.

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

Fee property owner

<input type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title GWR Minnesota Property Owner LLC			E-mail	
	Mailing address 1700 American Boulevard East		City Bloomington	State MN	Zip 55425
	Same		City	State	Zip
	Daytime phone (608) 662-4751	Cell phone	FAX		
	Craig Johnson <i>Typed/printed name</i>		 <i>Signature</i>		Secretary <i>Title</i>

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Great Wolf Lodge Minnesota			E-mail anreed@greatwolf.com	
	Mailing address 1700 American Boulevard East		City Bloomington	State MN	Zip 55425
	Business address		City	State	Zip
	Daytime phone (952) 851-9653	Cell phone (612) 280-1874	FAX		
	Angela Reed <i>Typed/printed name</i>		 <i>Signature</i>		General Manager <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 _____	

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
www.ci.bloomington.mn.us

Case no. _____

Complete all applicable sections — Select only ONE person as primary contact**Additional parties**☒ **Primary contact**

Business name/name Great Wolf Resorts		E-mail cjohnson@greatwolf.com	
Mailing address 1255 Fourier Dr., Suite 201	City Madison	State WI	Zip 53717
Business address	City	State	Zip
Daytime phone (608) 662-4751	Cell phone	FAX	
Craig Johnson <i>Typed/printed name</i>	 <i>Signature</i>	General Counsel <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