



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: 7801 Lyndale Avenue South Common name: Luther Acura/Subaru

Business address: 7801 Lyndale Avenue South

PIN: 030272422 (0028, 0029, 0031, 0038) Lot: _____ Block: _____ Plat name: Varies

Proposal Full documentation must accompany application

Please see attached narrative for proposal details.

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title Linda McGinty on behalf of the Luther Company, LLLP <i>owner rep</i>		E-mail Linda.McGinty@lutherauto.com		
	Mailing address 3701 Alabama Avenue South		City St. Louis Park	State MN	Zip 55416
	Business address 7801 Lyndale Avenue South		City Bloomington	State MN	Zip 55420
	Daytime phone 952-258-8800		Cell phone	FAX 952-258-8900	
	Linda McGinty <i>Typed/printed name</i>		<i>Linda McGinty</i> <i>Signature</i>		VP Real Estate <i>Title</i>

User/occupant

<input type="checkbox"/> Primary contact	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>

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	\$
Admin. approval:	Date	By
	<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager <input type="checkbox"/> Other _____	

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

Additional parties

Primary contact

Business name/name Steve Sabraski on behalf of Landform Professional Services, LLC		E-mail ssabraski@landform.net	
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