

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 USO Amendment

Site location ■ Additional addresses on back ■ Legal description attached

Property address 8051 Lyndale Ave So. Common name Lyndale Business Ctr.

Business address Same

PIN _____ Lot 2 Block 1 Plat name Keenan 1st Addition

Proposal Full documentation must accompany application

Amend current USO on file.

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 <u>Lyndale Avenue Investors (Tom Kendall)</u>		E-mail _____	
	Mailing address <u>P.O. Box 385845</u>		City <u>Edina.</u>	State _____ Zip _____
	Business address <u>1111 Palmer St.</u>		City <u>Edina.</u>	State _____ Zip _____
	Daytime phone <u>612-770-4736</u>		Cell phone <u>Same</u>	FAX _____
	Typed/printed name <u>Tom Kendall</u>		Signature <u>[Signature]</u> Title <u>Chief Manager</u>	

User/occupant

☐ 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 _____	

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 ApplicationCase no. PL2019-221
PL201900221**Complete all applicable sections — Select only ONE person as primary contact**

Additional parties					
☐ Primary contact	Business name/name <i>Cahlon J. Co. (Per)</i>			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone <i>(228) 888-3413</i>	Cell phone <i>(228) 740-3336</i>	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