

Case no.

CASE #PL2020-98

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 Major Revision to Final Development Plans

Site location ■ Additional addresses on back ■ Legal description attached

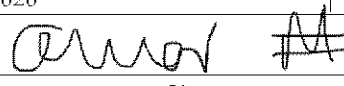
Property address 8201 Park Avenue, Bloomington, MN			Common name Dar Al-Farooq Islamic Center		
Business address 8201 Park Avenue, Bloomington, MN					
PIN 0202724320089	Lot 1	Block 1	Plat name Smith Park 3rd Addition		

Proposal Full documentation must accompany application

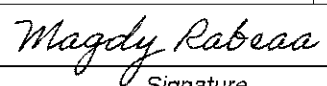
See enclosed narrative.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Al Jazari Institute Property LLC - Mohamed Omar			E-mail dujaabah2000@daralfarooq.com	
	Mailing address 8201 Park Avenue		City Bloomington	State MN	Zip 55420
<input type="checkbox"/> Additional owners on Back	Business address		<input checked="" type="checkbox"/> City	State	Zip
	Daytime phone 952-767-0677	Cell phone 612-481-9020	FAX		
Mohamed Omar				Executive Director	
Typed/printed name		Signature		Title	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Success Academy			E-mail Mrabcaa@succcessacademymn.org	
	Mailing address 8201 Park Avenue		City Bloomington	State MN	Zip 55420
Business address		City	State	Zip	
Daytime phone 612-267-5562	Cell phone 612-267-5562	FAX			
Magdy Rabeaa				Executive Director	
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 <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

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Additional parties

<input type="checkbox"/> Primary contact	Business name/name Jacob Steen, Larkin Hoffman Attorneys		E-mail jsteen@larkinhoffman.com	
Mailing address 8300 Norman Center Drive, 10th Flr		City Bloomington	State MN	Zip 55437
Business address		City	State	Zip
Daytime phone 952-896-3239	Cell phone 651-398-2202	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	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