

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
7803 PENN AVE S

Common name
SOUTHTOWN SHOPPING CENTER

Business address

PIN
0402724220011

Lot
001

Block
001

Plat name
SOUTHTOWN SHOPPING CENTER 3RD ADDN

Proposal Full documentation must accompany application

Proposed redevelopment of portions of the existing Southtown Shopping Center to include an approximately 132,500 SF grocery store, 26,000 SF liquor store, and a 21,000 SF inline retail store, with accompanying utilities, stormwater management, landscaping, and parking.

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 KRAUS-ANDERSON INC		E-mail matt.alexander@krausanderson.com	
	Mailing address 523 8th Street South	City Minneapolis	State MN	Zip 55404
	Business address same as mailing address	City	State	Zip
	Daytime phone (612) 332-7281	Cell phone (612) 255-2398	FAX	
	Matt S. Alexander <i>Typed/printed name</i>		 <i>Signature</i>	
		Senior Vice President		<i>Title</i>

User/occupant

☐ Primary contact	Business name/name HyVee, Inc.		E-mail jstein@hy-vee.com	
	Mailing address 5820 Westown Parkway	City West Des Moines	State IA	Zip 50266
	Business address same as mailing address	City	State	Zip
	Daytime phone (515) 267-2819	Cell phone	FAX	
	Jeff Stein <i>Typed/printed name</i>		 <i>Signature</i>	
		Director, Site Planning		<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 ☐ PC ☐ CC ☐ HE
Fee paid:	Date	\$
☐ Admin. approval:	Date	By
	☐ Comm. Dev't Dir. ☐ Planning Div. Manager	
	☐ Other _____	

Community Development

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