

Case no. _____

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: 7750, 7800, 7730, 7816 and 7832 Normandale Boulevard Common name: DoubleTree Hotel / vacant Alaskan Fur site

Business address: 7800 Normandale Boulevard

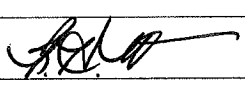
PIN MULTIPLE	Lot	Block	Plat name
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Proposal Full documentation must accompany application

Final Site and Building Plans for access and parking modification for an existing hotel.

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title BLOOMINGTON HOTEL INVESTORS, LLC		E-mail russell.huhner@interstatehotels.com	
	Mailing address	City	State	Zip
<input type="checkbox"/> Additional owners on Back	Business address 360 NORTH CRESENT DRIVE		City BEVERLY HILLS	State CA
	Daytime phone (952) 893-8426		Cell phone	Zip 90210
Typed/printed name RUSSELL HUHNER		Signature 		Title SOOTH

FAX **AUTHORIZED SIGNATORY HOTEL INVESTORS, LLC d/b/a DOUBLETREES BY HILTON MINNEAPOLIS BLOOMINGTON**

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		
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 _____

Development Application

Case no. _____

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

Additional parties

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			

Additional fee property owners and addresses

Business name/name <i>St. Mary's Greek Orthodox Church</i>		E-mail <i>stmarysgoc@stmarysgoc.com</i>	
Mailing address	City	State	Zip
Business address <i>3450 Irving Ave. S</i>	City <i>Minneapolis</i>	State <i>MN</i>	Zip <i>55408</i>
Daytime phone <i>(612) 259-0702</i>	Cell phone	FAX	
<i>NICK BOOSALIS</i> Typed/printed name		<i>[Signature]</i> Signature	
		<i>Chairman RE</i> Title <i>COMMITTEE</i>	

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