



Development Application

Case no. PL202200247

PL2022-247

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 Extension of Final Development Plan

Site location ■ Additional addresses on back ■ Legal description attached

 Property address
 7900 24th Avenue

Common name

Business address

 PIN
 07-027-24-21-0004

 Lot
 1

 Block
 1

 Plat name
 Mall of America 9th Addition

Proposal Full documentation must accompany application

See attached narrative letter.

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		E-mail	
	Mailing address	City	State	Zip
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
_____ _____ _____ Typed/printed name Signature Title				

User/occupant

☐ Primary contact	Business name/name MOA WP Development, LLC		E-mail	
	Mailing address 2131 Lindau Lane, Suite 500	City Bloomington	State MN	Zip 55425
	Business address Same	City	State	Zip
	Daytime phone	Cell phone	FAX	
_____ _____ _____ Typed/printed name Signature Title				

DocuSigned by:

Kurt Hagen

5E526E2C56ED4E2

SVP Development

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 _____	

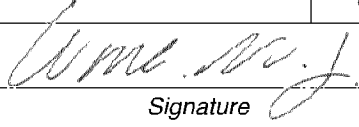
Community Development

 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

Complete all applicable sections — Select only ONE person as primary contact**Additional parties**☐ **Primary contact**

Business name/name Larkin Hoffman / William C. Griffith			E-mail wgriffith@larkinhoffman.com	
Mailing address 8300 Norman Center Dr., Suite 1000		City Bloomington	State MN	Zip 55437
Business address Same		City	State	Zip
Daytime phone 952-896-3290	Cell phone	FAX 952-842-1738		
William C. Griffith <i>Typed/printed name</i>		 <i>Signature</i>		Attorney <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 952-842-1738		
 <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