CITY OF BLOOMINGTON MINNESOTA

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	Common name
7900 24th Avenue	
Business address	

PIN	Lot	Block	Plat name
07-027-24-21-0004	1	1	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			E-mail	
MOA WP Development, LLC				
Mailing address		City	State	Zip
2131 Lindau Lane, Suite 500		Bloomington	MN	55425
Business address		City	State	Zip
Same				
Daytime phone	Cell phone		FAX	

Kurt Hagen — *Typed/printed name*

DocuSigned by: Kurt Hagen 5E526E2C56ED4E... — *Signature*

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

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Additional parties

☐ ***Primary contact***

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

William C. Griffith — *Typed/printed name*

Signature

Attorney — *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**		
		952-842-1738		

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