

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 Minor Revision to Final Development Plan

Site location ■ Additional addresses on back ■ Legal description attached

Property address 4801 American Blvd W, Bloomington, MN 55437			Common name Luther Bloomington Hyundai Dealership		
Business address Same as above					
PIN 06-027-24-24-0004		Lot 2	Block 1	Plat name SILL HUNTING PROPERTIES	

Proposal Full documentation must accompany application

See project narrative

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 The Luther Company, LLLP			E-mail linda.mcgintry@lutherauto.com	
	Mailing address 3701 Alabama Ave S		City St. Louis Park	State MN	Zip 55416
<input type="checkbox"/> Additional owners on Back	Business address Same as above		City	State	Zip
	Daytime phone 952-258-8800		Cell phone	FAX	
Linda McGinty		<i>Linda McGinty</i>		VP, Real Estate	
Typed/printed name		Signature		Title	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Same as property owner			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 _____

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

Additional parties

<input type="checkbox"/> Primary contact	Business name/name Landform Professional Services, LLC / Steve Sabraski, PE		E-mail ssabraski@landform.net	
	Mailing address 105 South 5th Avenue, Suite 513	City Minneapolis	State MN	Zip 55401
	Business address Same as above	City	State	Zip
	Daytime phone 612-638-0243	Cell phone	FAX	
	Steve Sabraski <i>Typed/printed name</i>	 <i>Signature</i>	Principal <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