



Development Application

Case no. PL201700251

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 Amend Existing Conditional Use Permit

Site location Additional addresses on back Legal description attached

Property address: 8201 PARK AVE Common name: DAR ALFAROOQ CENTER
 Business address: 8201 PARK AVE
 PIN: 02-027-24-32-0089 Lot: 1 Block: 1 Plat name: SMITH PARK 3RD ADD.

Proposal Full documentation must accompany application

SEE ATTACHED MEMO FROM JAY SMIGIELSKI, FERDINAND PETERS LAW FIRM

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: Al Jazari Institute E-mail: _____
 Mailing address: 8201 PARK AVE City: Bloomington State: MN Zip: 55420
 Business address: 8201 PARK AVE City: _____ State: _____ Zip: _____
 Daytime phone: 651-647-6250 Cell phone: 612-481-0920 FAX: _____
mohamed omor [Signature] Executive Director
Typed/printed name Signature Title

User/occupant

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 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

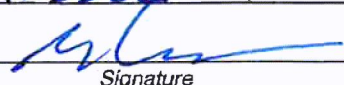
PH 952-563-8920
 FAX 952-563-8949
 TTY 952-563-8740

E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

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

Additional parties					
<input checked="" type="checkbox"/> Primary contact	Business name/name SUCCESS ACADEMY			E-mail	
	Mailing address 8201 PARK AVE,		City Bloomington	State MN	Zip 55420
	Business address		City	State	Zip
	Daytime phone 651-647-6250	Cell phone 612-267-5562	FAX		
	magdy Rabeaa <i>Typed/printed name</i>		 <i>Signature</i>		ED <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