



# DEVELOPMENT APPLICATION

## Property Information

**Property Address** (if multiple addresses, list all on this form or include separate attachments)  
2131 Lindau Lane, Bloomington, MN 55425

**Business Occupant Address** (if different from property address)

**Project Name**

Mall of America- Park | Shop | Fly

*\*Please note that a copy of the property legal description may be required to be uploaded into the permit portal.*

## Type of Application (select all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Preliminary Development Plan | <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Final Development Plan       | <input type="checkbox"/> Interim Use Permit                | <input type="checkbox"/> Ordinance Amendment          |
| <input type="checkbox"/> Final Site and Building Plan | <input type="checkbox"/> Preliminary Plat                  | <input type="checkbox"/> Rezoning                     |
| <input type="checkbox"/> Variance                     | <input type="checkbox"/> Final Plat                        | <input type="checkbox"/> Other _____                  |

## Property Owner

|   |  |                    |                     |
|---|--|--------------------|---------------------|
| <b>Owner Name</b><br>MOAC Mall Holdings, LLC                      | <input checked="" type="checkbox"/> <b>Primary Contact</b> (only select one primary) |                    |                     |
| <b>Mailing Address</b><br>2131 Lindau Lane, Bloomington, MN 55425 | <b>City</b><br>Bloomington   | <b>State</b><br>MN | <b>Zip</b><br>55425 |
| <b>Business Address</b> (if different from mailing address)       | <b>City</b>  | <b>State</b>       | <b>Zip</b>          |
| <b>Email Address</b><br>rich.hoge@moa.net                         | <b>Phone</b><br>952.883.8681   |                    |                     |

DocuSigned by:

A handwritten signature in black ink that reads "Rich Hoge".

55AD9C95EC6F486

Property Owner Signature

12/17/2025

Date

## Business Occupant/Tenant (if different from property owner)

|   |  |              |            |
|---|--|--------------|------------|
| <b>Occupant Name</b>  | <input checked="" type="checkbox"/> <b>Primary Contact</b> (only select one primary) |              |            |
| <b>Mailing Address</b>                                      | <b>City</b>  | <b>State</b> | <b>Zip</b> |
| <b>Business Address</b> (if different from mailing address) | <b>City</b>  | <b>State</b> | <b>Zip</b> |
| <b>Email Address</b>  | <b>Phone</b>   |              |            |

Occupant/Tenant Signature

Date

**Planning Division**

1800 W Old Shakopee Rd  
Bloomington, MN 55431

**PHONE:** 952-563-8920

**EMAIL:** planning@BloomingtonMN.gov