

RECEIVED  
MAY 11 2017  
BY: \_\_\_\_\_

**Land Use Application**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Plat – Sketch Plan             | <input type="checkbox"/> Plat – Preliminary Plat | <input checked="" type="checkbox"/> Plat – Final Plat |
| <input type="checkbox"/> Administrative Plat            | <input type="checkbox"/> Site Plan Review        | <input type="checkbox"/> Easement/ROW Vacation        |
| <input type="checkbox"/> Conditional Use Permit         | <input type="checkbox"/> Interim Use Permit      | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Zoning Amendment               | <input type="checkbox"/> Home Occupation Permit  | <input type="checkbox"/> Variance                     |
| <input type="checkbox"/> Dwelling Moving Permit         | <input type="checkbox"/> Environmental Permit    | <input type="checkbox"/> Registered Land Survey       |
| <input type="checkbox"/> Non-Traditional Animal License | <input type="checkbox"/> Beekeeping License      | <input type="checkbox"/> Private Kennel License       |

**Applicant Contact Information**

Please note: All official communication will be routed through this contact.

|                                   |                        |               |              |
|-----------------------------------|------------------------|---------------|--------------|
| Name:                             | Covenant Meadows       |               |              |
| Street Address:                   |                        |               |              |
| City, State, ZIP:                 | Ramsey Mn 55303        |               |              |
| Home Phone:                       | 612 919-6862           | Work Phone:   | 612 919-6862 |
| Email:                            | ethomson@a-p.ca        | Fax Number:   |              |
| Name of Business (if applicable): | Brook View estates LLC |               |              |
| Business Address (if applicable)  | 6210 Green Valley RD   |               |              |
| Business City, State, ZIP         | Ramsey Mn 55303        |               |              |
| Business Phone:                   | 612 919-6862           | Business Fax: |              |

**Subject Property Information**

(Location of Application)

|                   |                  |
|-------------------|------------------|
| Address           | None             |
| PIN               | 02-32-25-44-0004 |
| Legal Description |                  |
| Zoning District   |                  |

Contact the Planning Division at 763-433-9824 or [planning@cityoframsey.com](mailto:planning@cityoframsey.com) to request a Zoning Verification

## Property Owner Information

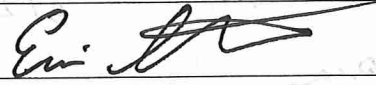
(If different than Applicant)

|                   |  |             |  |
|-------------------|--|-------------|--|
| Name:             |  |             |  |
| Street Address:   |  |             |  |
| City, State, ZIP: |  |             |  |
| Home Phone:       |  | Work Phone: |  |
| Email:            |  | Fax Number: |  |

Please provide a detailed description of your request and attached a copy of a scaled site plan

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***A "Land Use Sign" will be placed on the Subject Property to allow Ramsey Residents the opportunity to obtain information about your request.***

|                     |   |                        |  |
|---------------------|---|------------------------|--|
| Applicant Signature |  | Co-Applicant Signature |  |
| Printed Name        | Eric Thomsen  | Printed Name           |  |
| Title               |   | Title                  |  |
| Date                | 05/10/2017  | Date                   |  |

I understand that the application fee is non-refundable. All costs associated with the processing of this application are the responsibility of the applicant whether this application is approved or denied. Any excess of escrow account deposits over expenditures will be refunded at the time of account closure. I also understand that as the applicant, it is my responsibility to obtain all other permits or licenses required by any applicable regulatory agencies for this Land Use Application.

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| Property Owner Signature |  | Property Owner Signature |  |
| Printed Name             |  | Printed Name             |  |
| Title                    |  | Title                    |  |
| Date                     |  | Date                     |  |

I hereby certify that I am the fee title owner/contract for deed vendee of record for the above-mentioned property. Failure to prove ownership may void any agreements entered into the City and I will be held liable for any and all costs incurred by the City.

### Property Owner Information

(If different than Applicant)

|                   |                                  |             |              |
|-------------------|----------------------------------|-------------|--------------|
| Name:             | National Growth LLC              |             |              |
| Street Address:   | 16323 E Pitgeline Dr             |             |              |
| City, State, ZIP: | Fountain Hills, AZ 85268         |             |              |
| Home Phone:       | 612-685-5400                     | Work Phone: | 480-634-5965 |
| Email:            | a.lawabni@anmedicaltransport.com | Fax Number: | 480-634-5976 |



Please provide a detailed description of your request and attached a copy of a scaled site plan

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|                     |  |                        |  |
|---------------------|--|------------------------|--|
| Applicant Signature |  | Co-Applicant Signature |  |
| Printed Name        |  | Printed Name           |  |
| Title               |  | Title                  |  |
| Date                |  | Date                   |  |

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|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| Property Owner Signature |  | Property Owner Signature |  |
| Printed Name             | ABED LAWABNI  | Printed Name             | Nohad Loabneh.  |
| Title                    | C.F.O   | Title                    | C.E.O   |
| Date                     | 05-11-2017  | Date                     | 5/11/17   |

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