

Electronic Copy

# City of Orono Land Use Permit Application



Street Address:  
2750 Kelley Parkway  
Orono, MN 55358  
  
Main: 952-249-4800  
fax: 952-249-4816  
Mailing Address:  
P.O. Box 86  
Crystal Bay, MN 55323-0086

Application # 17-3903  
Date Received: 1-18-17  
Staff: JB  
Fee: 1350  
Escrow # & \$  
Permit Fee  
Notes:

Please complete. Applicant will be notified within 15 days as to the status of the application.  
Incomplete applications will not be placed on Planning Commission Agendas.

SITE LOCATION: 2520 Shadywood Rd Orono, MN 55331

## APPLICANT / AGENT INFORMATION:

Applicant Name: Westwood Professional Services  
Phone (Primary): (952) 937-5150  
Applicant Email: tom.goodrum@westwoodps.com  
Address: 7699 Anagram Drive City: Eden Prairie ZIP: 55344  
Agent Name: Tom Goodrum Agent's phone number: (952) 906-7425  
Agent Email: tom.goodrum@westwoodps.com Applicant is: Contractor Homeowner (Circle One)

## PROPERTY OWNER INFORMATION: ☐ check here if property owner is same as applicant

Name: UGORETS 8098 LLC  
Phone (Primary): (612) 363-3321  
Mailing Address: 410 11th Ave South City: Hopkins ZIP: 55343  
Email: alex@midlandglass.com

## APPLICANT/AGENT AND/OR OWNER:

- Agree to provide all information required or requested by the Planning Department,
- Agree to pay additional fees (staff time not covered in the original fee payment) and/or consultant expenses incurred in review of this application, and
- Certify that the information supplied is true and correct to the best of his/her knowledge. The applicant and owner recognize that they are solely responsible for submitting a complete application being aware that upon failure to do so, the staff has no alternative but to reject it until it is complete or to recommend the request for denial of the request regardless of its potential merit.
- Acknowledge the Escrow Agreement is completed and signed.
- The Owner hereby acknowledges and agrees to this application and further authorizes reasonable entry onto the property by City Staff, consultants, agents, Commission and Council Members for purposes of investigation and verification of this request.
- Owner and/or Applicant acknowledge they must be present at all scheduled review meetings of the Planning Commission and Council. If an applicant and/or owner is unable to attend a scheduled meeting, please make arrangements to have an authorized representative attend in place of the applicant/owner and advise the City Planner assigned to your project.

Applicant/Agent Signature: [Signature] Date: 1/12/17  
Applicant/Agent Signature: [Signature] Date: 1/5/17  
Property Owner Signature: [Signature] Date: 1/5/17  
Property Owner Signature: [Signature] Date: 1/5/17

# 3903

RECEIVED

JAN 18 2017

CITY OF ORONO