



City of Spring Lake Park
1301 81st Avenue NE
Spring Lake Park, MN 55432
763-784-6491 (p) 763-792-7257 (f)
info@slpmn.org

For Office Use Only

Case Number:

Fee Paid: 3500

Received by: WB

Date Filed: 5/2/25

Date Complete:

Base Fee: 1000 Escrow: 2500

DEVELOPMENT APPLICATION**TYPE OF APPLICATION** (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Site Plan/Building Plan Review | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Concept Plan Review | <input type="checkbox"/> Minor Subdivision |
| <input checked="" type="checkbox"/> Ordinance Amendment (Text) | <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Combination |
| <input checked="" type="checkbox"/> Rezoning | <input type="checkbox"/> Interim Use Permit | <input type="checkbox"/> Preliminary Plat |
| <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Street or Easement Vacation | <input type="checkbox"/> Final Plat |

PROPERTY INFORMATION

Street Address: 8406 Sunset Rd. Spring Lake Park, MN

Property Identification Number (PIN#):

Current Zoning:

Legal Description:
(Attach if necessary)**APPLICANT INFORMATION**

Name: Abby Rehberger

Business Name: Optimize Physical Therapy

Address: [REDACTED]

City/State/Zip Code: [REDACTED]

Telephone: [REDACTED]

Fax:

E-mail: abby@optimizephysicaltherapy.com

Contact: Abby Rehberger

Title: Owner

OWNER INFORMATION (if different from applicant)

Name:

Business Name:

Address:

City/State/Zip Code:

Telephone:

Fax:

E-mail:

Contact:

Title:

DESCRIPTION OF REQUEST (attach additional information if needed)

Existing Use of Property: Rise property, currently vacant

Nature of Proposed Use: Physical therapy + youth sports training

Reason(s) to
Approve
Request:

APPLICATION FEES AND EXPENSES:

The City of Spring Lake Park requires all applicants to reimburse the City for any and all costs incurred by the City to review and act upon applications.

The application fee includes administrative costs which are necessary to process the application. The escrow fee will include all charges for staff time by the City Planner, City Engineer, City Attorney, and/or any other consultants as needed to process the application.

Minnesota Statute § 471.462 requires all cities to provide, upon request, a nonbinding estimate of consulting fees in connection with applications for permits, licenses, or other approvals relating to real estate development or construction. If the applicant requests the estimate, the application shall not be deemed complete until the City has (1) provided an estimate to the applicant; (2) received the required application fees, as specified by the City; (3) received a signed acceptance of the fee estimate from the applicant; and (4) received a signed statement that the applicant has not relied on the estimate of fees in its decision to proceed with the final application from the applicant.

The City will track all consultant costs associated with the application. If these costs are projected to exceed the money initially deposited to your escrow account, you will be notified in the manner that you have identified below that additional monies are required in order for your application process to continue. If you choose to terminate the application (notice must be in writing), you will be responsible for all costs incurred to that point. If you choose to continue the process you will be billed for the additional monies and an explanation of expenses will be furnished. Remittance of these additional fees will be due within thirty (30) days from the date the invoice is mailed. If payment is not received as required by this agreement, the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. **All fees and expenses are due whether the application is approved or denied.**

With my signature below, I hereby acknowledge that I have read this agreement in its entirety and understand the terms herein. **I agree to pay to the City all costs incurred during the review process as set forth in this Agreement.** This includes any and all expenses that exceed the initial Escrow Deposit to be paid within 30 days of billing notification. I further understand that the application process will be terminated if payment is not made and application may be denied for failure to reimburse City for costs. I further understand that the City may approve a special assessment against my property for any unpaid escrows and that I specifically waive any and all appeals under Minnesota Statutes 429.081, as amended.

I wish to be notified of additional costs in the following manner (select one):

☒ E-mail abby@optimizephysicaltherapy.com ☐ Fax _____ ☐ USPS _____

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I acknowledge that I have read the statement entitled "Application Fees and Expenses" as listed above.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application, including all four requirements of Minnesota Statute § 471.462, should I request a written estimate of consultant fees. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant: Abby Rehberger Date: 5/1/25
Owner: Abby Rehberger Date: 5/1/25

**NOTE: Applications only accepted with ALL required support documents.
See City Code**

**City of Spring Lake Park
Conditional Use Permit Worksheet**

A conditional use permit cannot be approved unless the Planning and Zoning Commission and the City Council make certain findings and recommendations. Please provide a response on how/why your project meets the below stated criteria. Use additional sheets if necessary. If some items are not applicable for your project, write N/A. Contact the Zoning Administrator with any questions.

1. That the proposed use at the particular location requested is necessary or desirable to provide a service or a facility which is in the interest of public convenience and will contribute to the general welfare of the neighborhood or community. Yes, physical therapy, health care and youth sports training for community members. Open gym during day time hours. for use of courts + fitness equipment
2. That the use will not be detrimental to the health, safety, morals, or general welfare of persons residing or working in the vicinity of the use or injurious to property values/improvements within the vicinity of the use. There are no health or safety concerns for anyone in the vicinity.
3. That the proposed use will comply with the regulations specified in Chapter 153 of the Zoning Code. Yes
4. That the proposed use shall not have a detrimental effect on the use and enjoyment of other property in the immediate vicinity. We will not have detrimental effect to any neighbors or community members.

5. That the use will not lower property values or impact scenic views in the surrounding area. _____

NO effect on property values.

6. That existing utilities, streets, highways and proposed access roads will be adequate to accommodate anticipated traffic. Yes, all scheduled sports related events run on staggered schedules to accommodate parking/traffic.

7. That the use includes adequate protection for the natural drainage system and natural topography. yes

8. That the proposed use includes adequate measures to prevent or control offensive odor, fumes, dust, noise or vibration so that none of these will constitute a nuisance. _____

No use of offensive odor

9. That the proposed use will not stimulate growth incompatible with prevailing density standards. _____

Will not stimulate incompatible growth.



Spring Lake Park

City of Spring Lake Park
1301 81st Ave NE
Spring Lake Park, MN 55432
763-784-6491

Receipt: 0000012348
Receipt: 05/02/25
Cashier: WBROWN
Received Of: RISE INC

8406 SUNSET RD NE
SPRING LAKE PARK MN 55432

The sum of: \$500.00

BDINV 0000001185

Remaining Balance: \$0.00

Total: \$500.00

TENDERED: Check 3294 \$500.00

*Text Amendment
Application*



Spring Lake Park

City of Spring Lake Park
1301 81st Ave NE
Spring Lake Park, MN 55432
763-784-6491

Receipt: 0000012352
Receipt: 05/02/25
Cashier: WBROWN
Received Of: ABBY REHBERGER

10600 NATIONAL ST NE
Circle Pines MN 55014

The sum of: \$1,000.00

BDINV 0000001186

Remaining Balance: \$0.00

Total: \$1,000.00

TENDERED: Check 3294

\$1,000.00

*Text Amendment
Escrow*



Spring Lake Park

City of Spring Lake Park
1301 81st Ave NE
Spring Lake Park, MN 55432
763-784-6491

Receipt: 0000012359
Receipt: 05/02/25
Cashier: WBROWN
Received Of: RISE INC

8406 SUNSET RD NE
SPRING LAKE PARK MN 55432

The sum of: \$500.00

BDINV 0000001187

Remaining Balance: \$0.00

Total: \$500.00

TENDERED: Check 3294

\$500.00

CUP Application



Spring Lake Park

City of Spring Lake Park
1301 81st Ave NE
Spring Lake Park, MN 55432
763-784-6491

Receipt: 0000012361
Receipt: 05/02/25
Cashier: WBROWN
Received Of: **ABBY REHBERGER**

**10600 NATIONAL ST NE
Circle Pines MN 55014**

The sum of: **\$1,500.00**

BDINV 0000001188

Remaining Balance: \$0.00

	\$1,500.00
Total:	\$1,500.00

TENDERED: Check 3294

\$1,500.00

CUP Escrow