



For Lease

21017 Heron Way, Lakeville, MN

Office and Warehouse Space



- ◆ Excellent Lakeville location
- ◆ Dock and Drive-in Doors
- ◆ Approximately 3,000 sq. ft. units
- ◆ 1 or 2 office with reception and restroom
- ◆ Ample parking



For more information, contact:

Bruce Rydeen
952.469.9444
brucer@cerron.com

Dan Huntington
651-269-8111
danh@cerron.com

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For Lease

21017 Heron Way, Lakeville, MN

Building Owner: SPOWD Developments, LLC
23300 Grandview Trail
Lakeville, MN 55044

Contractor/Developer: Mark Hebert and Associates
23300 Grandview Trail
Lakeville, MN 55044

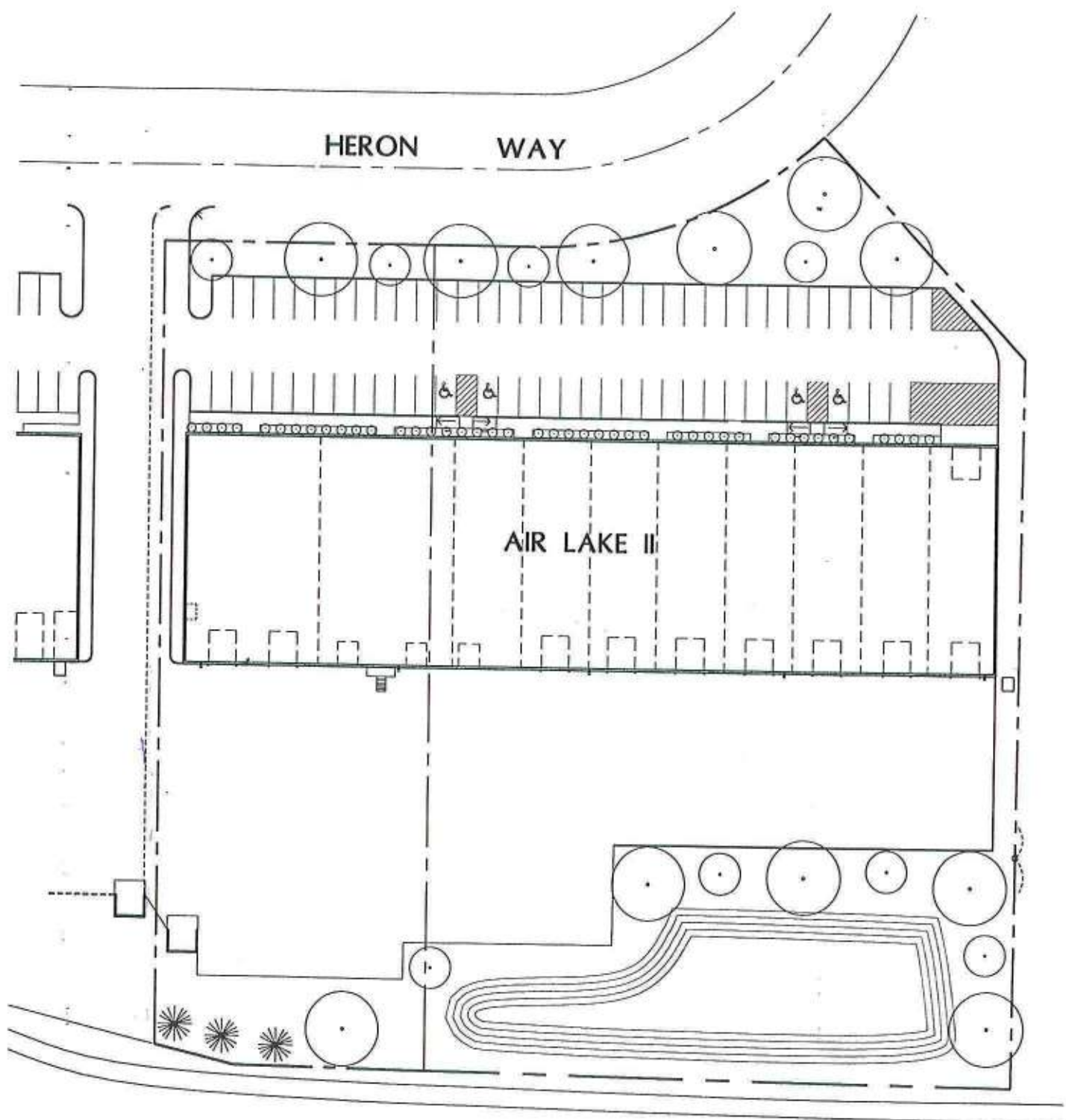
Leasing Agent: Bruce Rydeen
Cerron Commercial Properties, LLC

Office Manager: Sue Hebert

HERON WAY

AIR LAKE II

SITE PLAN





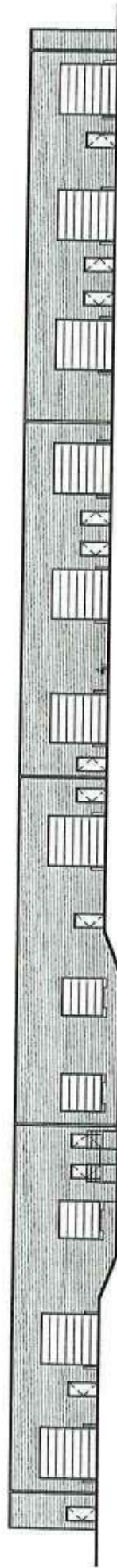
NORTH ELEVATION



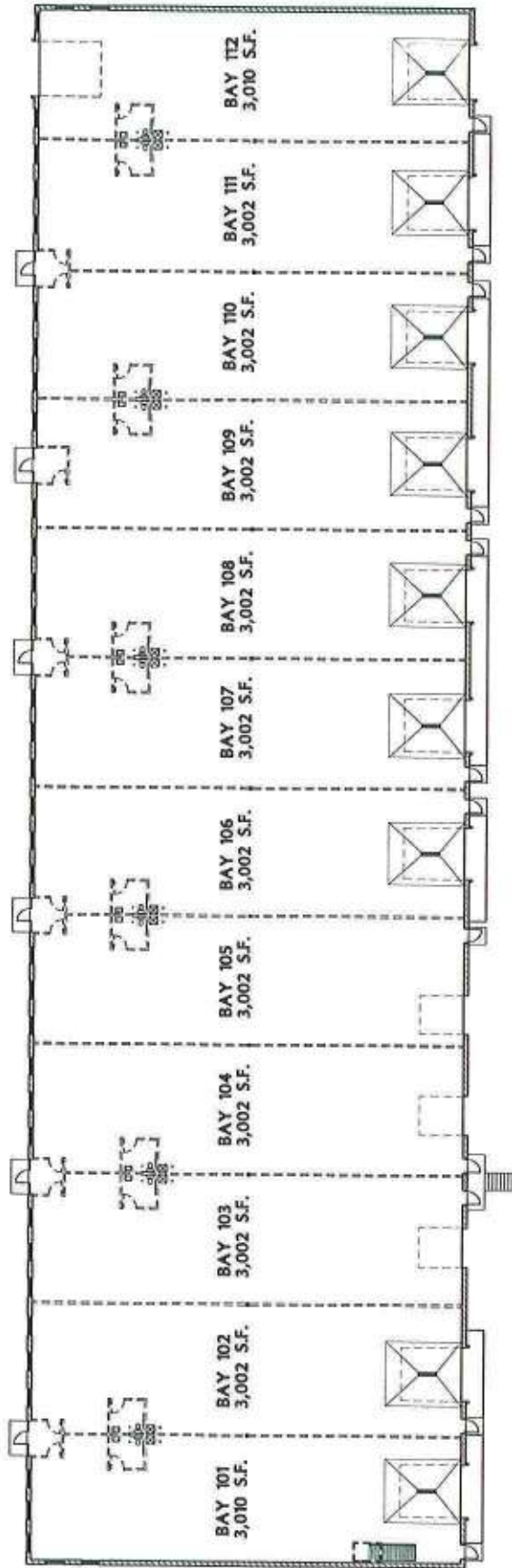
WEST ELEVATION



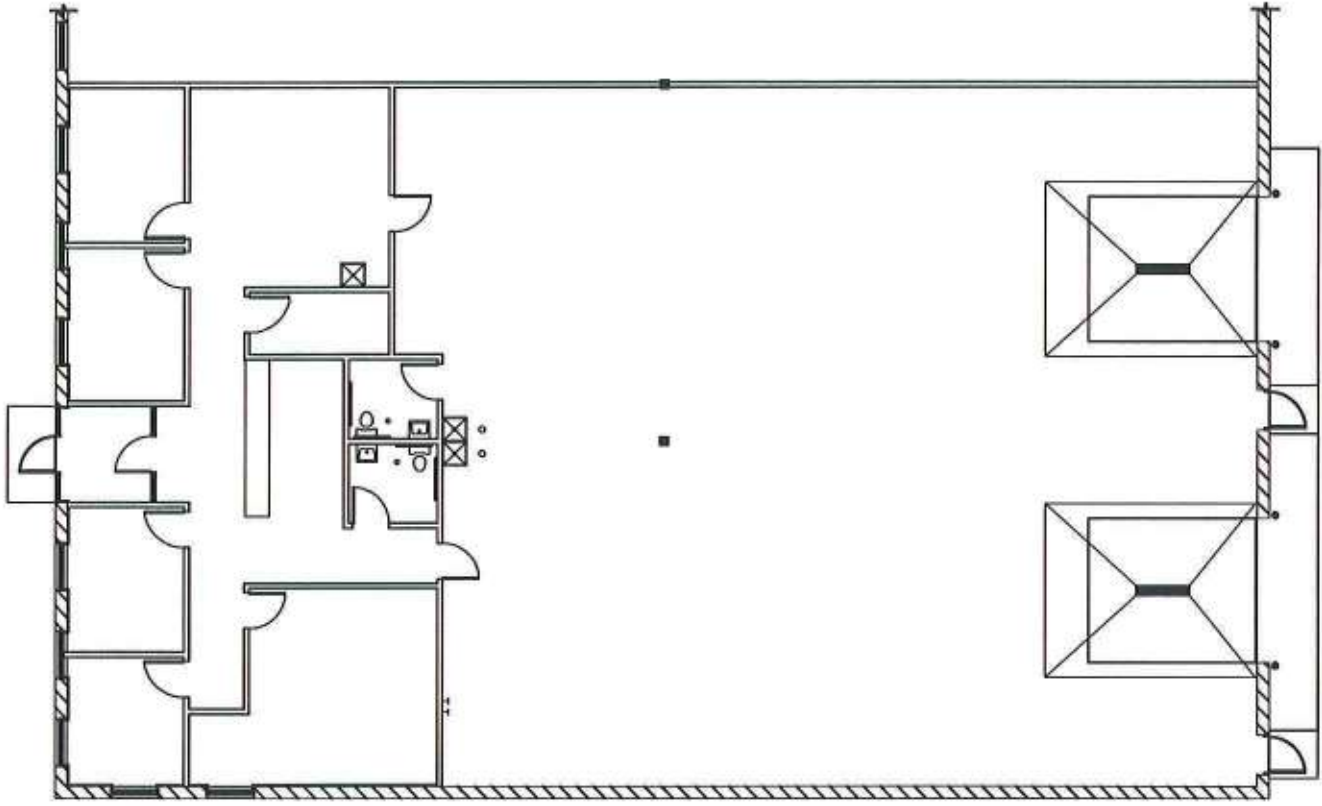
EAST ELEVATION



SOUTH ELEVATION

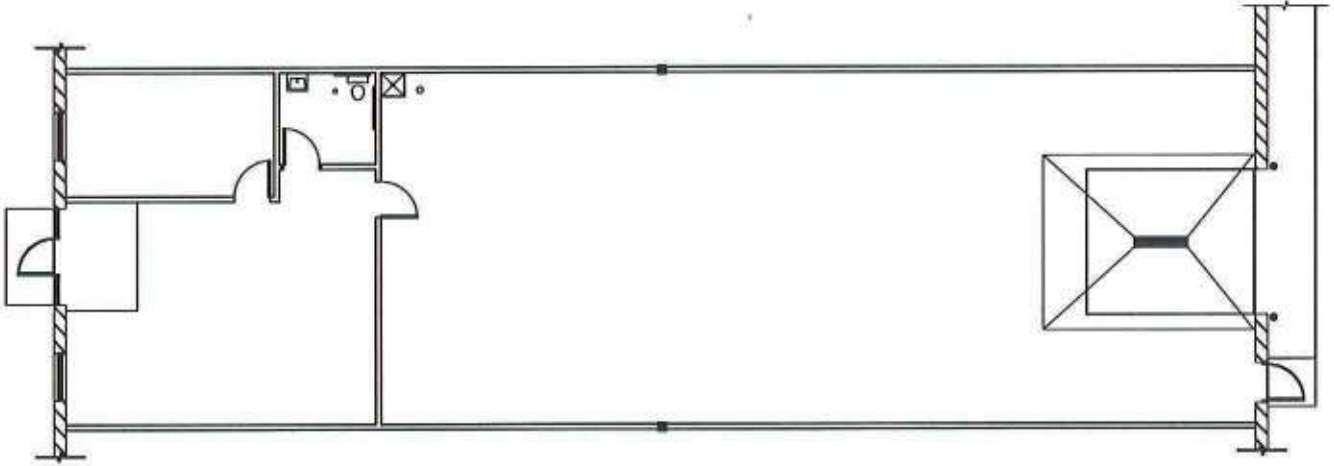


FLOOR PLAN

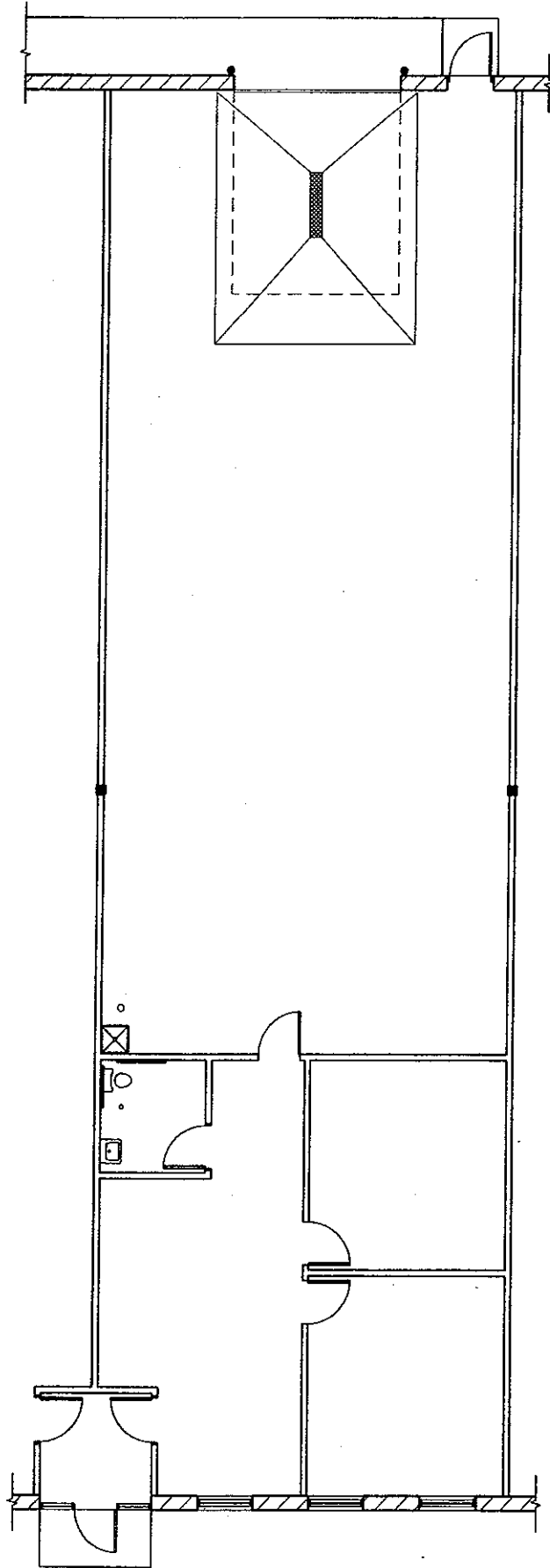


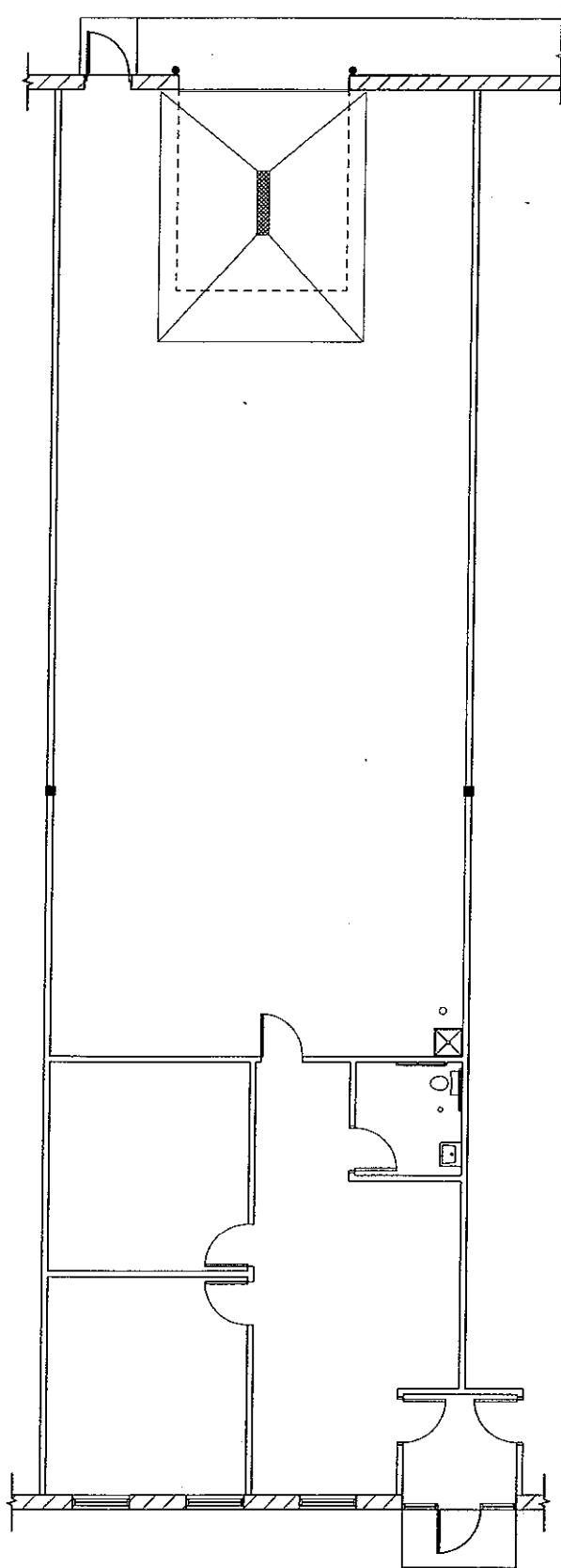
UFLOOR PLAN
NORTH

1/16" = 1'-0"



NORTH
UFLOOR PLAN





Rates for one 3,000 sq. ft. Unit

	<u>2010</u>	<u>2011 (Est.)</u>	<u>2012 (Est.)</u>
Base Rent per month	\$1,675	\$1,675	\$1,675
Operating Cost Estimates			
Per sq. ft.	\$2.47	\$2.50	\$2.60
Per month	\$638	\$640	\$650
Total per month	\$2,313	\$2,315	\$2,325

Note: Landlord is willing to fix the net rent for whatever the term of the lease – 3 – 4 – 5 years.

Lakeville Airpark II 2010 CAM
BUDGET

Water	1,000.00	
Trash	2,100.00	
Plowing	2,800.00	
Lawn Maintenance	2,700.00	
Clean up/Parking Lot Sweep	2,000.00	
Accounting	402.00	
Management Fee	6,000.00	
Property Taxes	61,308.00	
Insurance	3,665.00	
MISC	500.00	
Exterior Light Maintenance	500.00	
Monitoring System/Testing	1,250.00	
Mechanical Equipment Maintenance	500.00	
	84,725.00	
Roof Maintenance	5,000.00	
Parking Lot Maintenance	2,000.00	
	91,725.00	\$2.55

Lakeville Phase II, 36,000 square feet

**Common Area Maintenance Fees

at \$2.55 per square foot.

Per (1) 3,000 unit

\$638/Monthly

TENANT INFORMATION

BUSINESS NAME: _____
Business Tax ID #: _____
ADDRESS: _____

PHONE NUMBER AT BUSINESS LOCATION: _____
MANAGER AT LOCATION: _____
FAX AT LOCATION: _____

OWNERS/PARTNERS OF BUSINESS

NAME: _____
MAILING ADDRESS: _____

SOCIAL SECURITY NUMBER: _____
** HOME PHONE NUMBER IN THE EVENT OF AN EMERGENCY: _____

E-MAIL ADDRESS: _____

NAME: _____
SOCIAL SECURITY NUMBER: _____
MAILING ADDRESS: _____

** HOME PHONE NUMBER IN THE EVENT OF AN EMERGENCY: _____

E-MAIL ADDRESS: _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____
AGENT NAME: _____
AGENT PHONE NUMBER: _____
AGENT FAX NUMBER: _____
AGENT MAILING ADDRESS: _____

PERSON WHO SHOULD BE CONTACTED REGARDING THE LEASED SPACE:
PHONE NUMBER: _____