



Development Application

Case no. PL2018-105

Type of application

- ☐ Standard
 ☒ Staff approval
 ☐ Hearing Examiner
 ☐ Plan Revision
 ☐ Amended
 ☐ Reapplication
- ☐ Rezoning
 ☐ Conditional Use Permit
 ☐ Variance
 ☐ Ordinance Amendment
- ☐ Preliminary Development Plan
 ☐ Interim Use Permit
 ☐ Comprehensive Plan Amendment
 ☐ Subdivision
- ☒ Final Development Plan
 ☐ Final Site and Building Plan
 ☐ Other _____

Site location ■ Additional addresses on back ■ Legal description attached

Property address
9801 Lyndale Ave. S.

Common name

Business address

PIN
1502724320064

Lot 1 Block 1

Plat name
OXBORO DEVELOPMENT 1ST ADDITION

Proposal Full documentation must accompany application

Installation of entry door with window for future tenant not decided on.

Complete all applicable sections — Select only ONE person as primary contact

Fee property owner

| | | | | | |
|---|---|----------------------------|---------------------|-------------|--------------|
| <input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back | Owner name per property title Wixon Properties LLC | | | E-mail | |
| | Mailing address 9955 Lyndale Ave. S | | City Bloomington | State MN | Zip 55420 |
| | Business address 9955 Lyndlae Ave. S | | City Bloomington | State MN | Zip 55420 |
| | Daytime phone 952-881-8862 | Cell phone 612-751-5022 | FAX 952-881-3362 | | |
| | Dan Wixon | | owner | | |
| | Typed/printed name | | Signature | | Title |

User/occupant

| | | | | | |
|--|---------------------------|------------|-----------|--------|-------|
| <input checked="" type="checkbox"/> Primary contact | Business name/name N/A | | | E-mail | |
| | Mailing address | | City | State | Zip |
| | Business address | | City | State | Zip |
| | Daytime phone | Cell phone | FAX | | |
| | Typed/printed name | | Signature | | Title |

NOTE: Applications only accepted with ALL required support documents. See Instructions.

Deadline for agency action

60 Days: _____ 120 Days _____

Planner _____ DRC _____

Shaded areas are for office use only

| | | |
|--|--|--|
| Received: | Date | By |
| Reviewed: | Date | By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE |
| Fee paid: | Date | \$ |
| <input type="checkbox"/> Admin. approval: | Date | By |
| | <input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager | |
| | <input type="checkbox"/> Other _____ | |

Community Development

Planning and Economic Dev.
1800 W. Old Shakopee Road
Bloomington MN 55431-3027


PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

Case no.

Additional parties

Additional fee property owners and addresses

| | | | |
|--|------------|---|-----|
| Business name/name | | E-mail | |
| Mailing address | City | State | Zip |
| Business address | City | State | Zip |
| Daytime phone | Cell phone | FAX | |
| <u>DAVID L. WILSON</u> Typed/printed name | |  Signature | |
| | | <u>Pres.</u> Title | |

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