PL201900203 PL2019-203



Development Application

Case no.

| | | Type of | application | | | 3.81 | | | | |
|--|--|--|-------------------------------|---|--------------|-------------------------------|----------------------|--------|-----|--|
| ✓ Standard | Staff approval Hearing Examiner | | ☐ Plan Revis | ☐ Plan Revision ☐ Amende | | d Reapplication | | | | |
| ☐ Rezoning ☐ Preliminary D ☑ Final Develop | Development Plan Coment Plan | | Variance | | | | | | | |
| | Site locat | t ion 🔳 Additional addre | sses on back | Legal de | escription a | attached | | · | | |
| Property address 5601 American B | | Common name | | | | | | | | |
| Business addres | S | | | | | | | | | |
| PIN 1611621230005 | | | | Block Plat name 001 Jostens Addn | | | | | | |
| 1011021230003 | (| | on must accompany application | | | | | | | |
| Age restricted s | senior rental develo | pment. Phase II of prev | riously approve | ed PDP. S | See Attack | ned Narra | ntive Sur | vev Ci | vil | |
| _ | chitectural Drawing | |) -trp | | | | , |) , | | |
| | | | | | | | n ganno en jabratua. | | | |
| ne waanume' , lli guunn maanu eennaa | | 11/2011/2011 11/2011 11/2011 11/2011 11/2011 11/2011 11/2011 11/2011 11/2011 11/2011 11/20 | | | | | | | | |
| Complete all applicable sections — Select only ONE person as primary contact | | | | | | | | | | |
| Fee property owner Owner name per property title E-mail | | | | | | | | | | |
| ✓ Primary contact | UNITED LAND LLO | | LC | | | naomi.ohnstad@uproperties.com | | | | |
| Additional | Mailing address 651 Nicollet Mall, Sui | | City Minneapolis, | | | tate Zip IN 55402 | | | | |
| owners on Back | Business address 651 Nicollet Mall, Sui | City Minneapolis, | | | | State Zip MN 55402 | | | | |
| | Daytime phone 952.800.0848 | ne 3072 | FAX | | | - | | | | |
| | 952.800.0848 763.360.3072 | | | | | | | | | |
| | | /printed name | View ? | Signature | | | Title | | | |
| | | User | occupant/ | | | | | | | |
| Primary contact | Business name/name | | | | | E-mail | | | | |
| | Mailing address | City | City | | | Zip | | | | |
| | Business address | City | City | | | Zip | | | | |
| | Daytime phone | ne | FAX | | | <u> </u> | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | 1. | | | | | |
| | Typed/printed name | | | Signature | | Title | | | | |
| NOTE: Applica | | Shaded areas are for office use only | | | | | | | | |
| documents. See Instructions. Deadline for agency action | | | Received: | | | | | | | |
| | | | Reviewed: | Date | | | | | | |
| - | 120 D DRC_ | Fee paid: ☐ Admin. | Date Date | | \$ By | | | | | |
| Planner | approval: | approval: Comm. Dev't Dir. Planning Div. Manager | | | | ∋r | | | | |
| | | ☐ Other | | | | | | | | |
| Community Development Planning and Economic Dev. 1800 W. Old Shakopee Road Bloomington MN 55431-3027 | | | FAX 952-5 | PH 952-563-8920 E-MAIL planning@ci.bloomington.mn.us FAX 952-563-8949 www.ci.bloomington.mn.us | | | | | | |