CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. CASE #PL2020-144

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: 8201 Park Ave S Bloomington, MN 55420 | Common name:

Business address: 8201 Park Ave S Bloomington, MN 55420

PIN | Lot | Block | Plat name

Proposal *Full documentation must accompany application*

Success Academy proposes to have a commercial playground in the north east side of the building west of the tennis court

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

Fee property owner

☐ ***Primary contact***

☐ ***Additional owners on Back***

Owner name per property title: Al-Jazari Institute | E-mail: momar@DarAlFarooq.com

Mailing address: 8201 Park Ave S | City: Bloomington | State: MN | Zip: 55420

Business address: 8201 Park Ave S | City: Bloomington | State: MN | Zip: 55420

Daytime phone: 612-481-0920 | Cell phone: 612-481-0920 | FAX: N/A

Mohamed Omar *Typed/printed name* | OMAR *Signature* | Executive Director *Title of Al-Jazari*

User/occupant

☐ ***Primary contact***

Business name/name: Success Academy | E-mail: ahuide@successacademy@mn.org

Mailing address: 8201 Park Ave S | City: Bloomington | State: MN | Zip: 55420

Business address: 8201 Park Ave S | City: Bloomington | State: MN | Zip: 55420

Daytime phone: 612-876-3050 | Cell phone: 612-702-6920 | FAX: 612-876-3070

Magdy Rabeea *Typed/printed name* | *Signature* | Principal *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 ☐ PC ☐ CC ☐ HE
Fee paid:	Date	$
☐ **Admin. approval:**	Date	By
	☐ Comm. Dev't Dir.	☐ Planning Div. Manager
	☐ Other _____	