CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. **PL202100129** **PL2021-129**

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 Amend Condition; Extend Plat and Development Plan

Site location ☐ Additional addresses on back ☐ Legal description attached

Property address	Common name
3700 American Boulevard East	
Business address	

PIN	Lot	Block	Plat name
06-027-23-21-0012	001	001	International Airport Park 5th Addition

Proposal *Full documentation must accompany application*

See Attached

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			E-mail
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	

Typed/printed name *Signature* *Title*

User/occupant

☐ ***Primary contact***

Business name/name			E-mail
Rosa Development Company, LLP			
Mailing address	City	State	Zip
334 NE 1st Avenue	Del Ray Beach	FL	33444
Business address	City	State	Zip
Same	Same	Same	Same
Daytime phone	Cell phone	FAX	
561-392-7777		561-392-9900	

Kristin Muir — *Typed/printed name*

DocuSigned by: BAC0F98008364... — *Signature*

Ceo — *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	

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

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Additional parties

☐ *Primary contact*

Business name/name Larkin Hoffman / William C. Griffith			E-mail wgriffith@larkinhoffman.com
Mailing address 8300 Norman Center Drive, Suite 1000	City Minneapolis	State MN	Zip 55437
Business address Same	City Same	State Same	Zip Same
Daytime phone 952-896-3290	Cell phone 612-986-7711	FAX 952-842-1738	

DocuSigned by:

William C. Griffith (*Typed/printed name*) — WILLIAM GRIFFITH (*Signature*) F6D8611455F446B... — Attorney (*Title*)

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 952-842-1738	

Typed/printed name — *Signature* — *Title*

Business name/name			E-mail
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	

Typed/printed name — *Signature* — *Title*

Business name/name			E-mail
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	

Typed/printed name — *Signature* — *Title*

Use additional sheets or copy form for additional properties