



Development Application

Case no. _____

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 7851 Normandale Boulevard, Bloomington, MN 55435		Common name Bloomington West	
Business address Same			
PIN 0602724220004	Lot 1	Block 1	Plat name BLOOMINGTON CROSSROADS ADDITION

Proposal Full documentation must accompany application

Reguiding from Community Commercial to Regional Commercial; Rezoning from CS-1 Commercial Service District to C-3 Freeway Commercial Center District; Preliminary and Final Development Plan; and Preliminary and Final Plat.

Complete all applicable sections — Select only ONE person as primary contact**Fee property owner**

<input type="checkbox"/> Primary contact	Owner name per property title Housing and Redevelopment Authority in and for the City of Bloomington		E-mail acoleman@BloomingtonMN.gov	
	Mailing address 1800 West Old Shakopee Road		City Bloomington	State MN
	Business address		City	State Zip
	Daytime phone 952-563-8940	Cell phone	FAX	
	Aarica Coleman <i>Typed/printed name</i>		[Signature] <i>Signature</i>	
<input type="checkbox"/> Additional owners on Back			HRA Administrator <i>Title</i>	

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name United Properties Development LLC / Bloomington Crossroads Venture LLC		E-mail Tom.Strohm@uproperties.com	
	Mailing address 651 Nicollet Mall Suite 450		City Minneapolis	State MN
	Business address		City	State Zip
	Daytime phone 952-893-8806	Cell phone	FAX	
	Thomas Strohm <i>Typed/printed name</i>		[Signature] <i>Signature</i>	
		Development Manager <i>Title</i>		

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

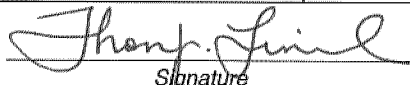
PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

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

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

Additional parties					
<input checked="" type="checkbox"/> Primary contact	Business name/name Kimley-Horn and Associates, Inc.			E-mail tom.lincoln@kimley-horn.com	
	Mailing address 767 Eustis Street Suite 100		City St. Paul	State MN	Zip 55114
	Business address		City	State	Zip
	Daytime phone 651-643-0453	Cell phone 612-281-6194	FAX		
	Thomas J. Lincoln <i>Typed/printed name</i>		 <i>Signature</i>		Sr. Project Manager <i>Title</i>

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		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>

Use additional sheets or copy form for additional properties