

Development Application

web_52_001 pg1 of __ (07/09)

Case no. **CASE FILE #PL201700166**

			Type of a	pplication	n					
Standard	✓ Staff approval	☐ Hearing E	xaminer	☐ Plan Rev	ision [Amende	ed 🗆 R	leapplication	on	
☐ Rezoning☐ Preliminary I✓ Final Develo	Development Plan	Conditional Use Interim Use Per Final Site and E	mit	☐ Variand☐ Compr☐ Other _		lan Amend	lment	Ordinanc Subdivisio		ment
		on 🔲 Additio	nal address	es on back	Legal	descriptio	n attached			
Property addres 7997 Southtown	Center				Comm McDo	on name nald's		***		
Business addres 7997 Southtown										
PIN			Lot	Block	Plat na	me			****	
	Pro	posal <i>Full</i>	documentati	on must acc	ompany a	pplication				
Exterior finish	re-branding, interior	ADA update	s to custom	ner service	and restre	ooms.				
		<u> </u>								•
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CACCATE CONTRACTOR CON	Complete all	applicable se	ections — S	Select only O	NF nerson	as prima	ny contact	gan dan 22 may 200 may		
	oempicie un	аррисаыс з	Fee prope	Selle uno venera vonconscensismoliss confes-	-	ras prima	ry contact			
Primary contact	Owner name per proper Kraus-Anderson Inc	31.) Camilai			E-mail developm	E-mail development@karealty.com				
Additional owners on Back	Mailing address 4210 W. Old Shakopee Road			City Bloomington			State Zip MN 55437			
	Business address 4210 W. Old Shakopee Road			City Bloomington			State MN	1 .		
	Daytime phone 952-881-8166		Cell phone	310-2	308	fA)	X 952-881-81	14		
	Kenneth	Vini		A armi		/wii	- The state of the	2001	r St	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		rinted name	Residentification of the Control of	e com e e e e e	Signature	· 3		Titl	е	-
and the same of the same of			User/o	cupant		la de la companya de				
✓ Primary contact	Business name/name McDonald's USA, LLC				E-mail vicky.stad	vicky.stadther@us.mcd.com				
	Mailing address			City			State	e Zip		
	1650 West 82nd Street, Business address	Suite 900		Bloomingt City	on		MN State	55431 Zip		
	1650 West 82nd Street,	Suite 900		Bloomingt	on		MN	55431		
	Daytime phone 952-486-4162		Cell phone			FA)	(
	Vicky Stadther			9/4	400	Halle	Canana A	rea Consti	uction M	or.
	Typed/pi	inted name		/	Signature			Titl		<u></u>
NOTE: Applica	ations only accepted wi		d support		Shade	d areas ar	e for office	use only		
	documents. See Instructions. Deadline for agency action			Received:	Date		By CIPC CICC CIPE			
			Reviewed: Fee paid:	Date Date	By □ PC □ CC □ HE					
•	120 Days DRC			☐ Admin.	Date					
Planner				approval:	☐ Com	☐ Comm. Dev't Dir. ☐ Planning Div. Manager				
					□ Othe	er				
Community I	1800	ning and Econo W. Old Shakop nington MN 5	ee Road	FAX 952-	563-8920 563-8949 563-8740		planning@d bloomington			

Development Application

Case no.

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

F 2 ** ·	,	Additiona	il parties		4 commerce				
Primary contact	Business name/name Reprise Design		E-mail nnelson@reprisedesign.com						
	Mailing address		City		State	Zip			
	12400 Portland Avenue South, Suite 10	00	Burnsvillle		MN	55337			
	Business address		City	****	State	Zip			
	12400 Portland Avenue South, Suite 10		Burnsville		MN	55337			
	Daytime phone 952-562-3725	Cell phone	Market Market	FAX					
	Nikki Nelson		Project Manager						
	Typed/printed name	Signature	ture Title						
	Additional fe	e property	owners and addre	esses		W.X			
	Business name/name			E-mail					
	Mailing address		City		State	Zip			
	Business address		City		State	Zip			
	Daytime phone	Cell phone	FAX		<u> </u>				
	Typed/printed name	III ASS	Signature	Title					
	Business name/name		E-mail						
	Mailing address		City		State	Zip			
	Business address		City		State	Zip			
	Daytime phone	Cell phone	ne 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						
						7,777			
			Signature			Title			

Use additional sheets or copy form for additional properties