

Development Application

Case no.

PL201800160

<u> </u>	in This is the		Type of a	pplie	ation				100				
☑ Standard	Staff approval	Hearing E	xaminer	☐ Plar	n Revis	ion	☐ Am	ended	☐ Re	applic	ation		and agreement and relicionships of the property of
☐ 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 ☐ Other									iment				
Site location 🔳 Additional addresses on back 🔲 Legal description attached													
Property address 9624 Lyndale Ave S, Bloomington, MN 55420					Common name								
Business addres:	S	aington, MN 55420			işde işçiyeye indiğiyeriyi kalalıla kalalı memiye								
PIN Lot			Block	Plat na	Plat name								
		Proposal Full	documentati	on mus	t acco	mpany a	pplica	tion	Con Philip				
Interior & Exte	rior finish upgr		Method mysted in a let Misselm Surian										
THE THE CANADA	rior musii abkr	aucs		of a common debug debug to the second	enantana ini na mana mana mana mana mana mana	PER SECURITION OF THE PERSON O	***********				n, a normal desirable in the Parties	ALL DESCRIPTION OF THE PARTY OF	senant ware-senanty-Weaver
		Medicalization (1974 E. E. E.) And An Publish of the second seco	MA OF POSSES PROVINCES AND										
	Comple	te all applicable s	ections — S	Select o	nly ON	E persor	as pr	imary	contact	See			
			Fee prope	SERVICE CONTRACTOR	meneral militari da								
Primary contact	Owner name per p Tom Sch								E-mail tschmit	z@h	azafo	ods	.com
	Mailing address 4415 highway 6			City Sugar Land				State TX	Zip	Zip 77478			
Additional owners on Back	Business address 4415 highway 6			City Sugar Land				State TX	ate Zip 77478		'8		
CII MANGIA	Daytime phone 612-616-22		Cell phone		delan anticologica de la casa de accesa de la casa de l			FAX		nggagfanga ana king atawa	***************************************	oussepulius uhtertekente	
	Tom Schmitz Director of Opera						ation	s					
	Typed/printed name			Signature					Title				
			User/o	есира	nt.			State.					
Primary contact	Business name/name Tom Schmitz - Haza Foods								E-mail tschmitz@hazafoods.com				
	Mailing address 4415 highway 6			City Sugar Land					State TX	Zip 77478			
	Business address 4415 highway			City S	ugar L	.and			State TX	Zip	7747	8	
	Daytime phone 612-616-2231		Cell phone	The state of the s			1_0	FAX					PPPPROMENTAL
	Tom Schmitz		(lon	1 X 6	H	5	Dir	ector	of Ope	ratio	ne
	***************************************	ped/printed name	4660			Signature		>			Title	1000	
NOTE: Applica	tions only accept	ed with ALL require	d support			Shade	d area	s are	for office u	ise oi	ıly		
	documents. See			Rece	ived:	Date	. National and the state of the		Ву				
	Deadline for ag	ency action		Revie	***********	Date	OFFICE OF STREET	****************	Ву □РС		> □H	E	CONSTRUCTION OF THE OWNER.
60 Days:	12	0 Days		Fee p	************	Date	viente a conference anno con	***************************************	5	Windship and the second	······································	territori se successi de la constanta de la co	**************************************
Planner DRC			□ Adı appro	Admin. Date Date Comm. Dev			By By Planning Div. Manager						
						☐ Oth		v i Dir	. ⊔ Pia	nning	DIV. N	anag	jer
Community Development Planning and Economic Dev.			PH	952-5	63-8920	3-8920 E-MAIL planning@ci.bloomington mn us							
1800 W. Old Shakopee Road				FAX	952-5	63-8949	33-8949 www.ci.blo		loomington.mn.us				_
Bloomington MN 55431-3027			TTY 952-563-8740					web_52_001 pg1 of (07/09)					

Development Application

Case no.

PL201800160

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

		Additiona	ıl parties							
Primary contact	Business name/name Jacob Gullerud - River Valley Architect	·e			wewallevershitests som					
55111251	Mailing address	City		jacob@rivervalleyarchitects.co State Zip						
	1403 122nd Street, suite C		Chippewa Falls		WI	54729				
	Business address		City		State	Zip				
	1403 122nd Street, suite C		Chippewa Falls		WI	54729				
	Daytime phone 715.832.0875			FAX						
	Jacob Gullerud	1	Design Technician							
	Typed/printed name		Signature	Title						
	Additional fe	e property	owners and address	es						
	Business name/name			E-mail						
	Mailing address	City		State	Zip					
	Business address		City		State	Zip				
	Daytime phone	Daytime phone Cell phone								
	Typed/printed name	Title								
	Business name/name			E-mail						
	Mailing address		City		State	Zip				
	Business address		City		State	Zip				
	Daytime phone	Cell phone								
	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		FAX						
	Typed/printed name		Signature		Title					
	Llan additional abo	oto or com	form for additional prop							