



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 8001 28th Avenue South | Common name Cambria Suites & Hotel |
| Business address 835 Sharon Drive #400, Westlake, Ohio 44145 | |
| PIN 01-027-24-14-0015 | Lot 2 Block 1 Plat name 28th Ave LRT Station |

Proposal Full documentation must accompany application

Airport Zoning Permit for Subject Property

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

Fee property owner

| | | | | |
|--|--|----------------------------------|---|--------------|
| <input type="checkbox"/> Primary contact | Owner name per property title C & O Bloomington LLC | E-mail sfriedman.sdc@roadrunn | | |
| <input type="checkbox"/> Additional owners on Back | Mailing address 835 Sharon Drive, #400 | City Westlake | State OH | Zip 44145 |
| | Business address Same as Mailing | City | State | Zip |
| | Daytime phone 216-298-3529 | Cell phone 216-298-3529 | FAX 216-514-4994 | |
| | Stuart Friedman <i>Typed/printed name</i> | <i>Signature</i> | Consultant/Prj. <input checked="" type="checkbox"/> <i>Title</i> | |

User/occupant

| | | | | |
|---|--|----------------------------------|---|--------------|
| <input checked="" type="checkbox"/> Primary contact | Business name/name C & O Bloomington LLC | E-mail sfriedman.sdc@roadrunn | | |
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| | Stuart Friedman <i>Typed/printed name</i> | <i>Signature</i> | Consultant/Prj. <input checked="" type="checkbox"/> <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