



# Development Application

Case no.

PL201800113

PL2018-113

**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 1701 / 1801 AMERICAN BLVD. E. Common name CEDAR BUSINESS CENTER

Business address \_\_\_\_\_

PIN 0202724110020 AND 0202724110021 Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat name \_\_\_\_\_

**Proposal** Full documentation must accompany application

REQUESTING A VARIANCE TO CONSTRUCT PARKING  
STALLS WITHIN SETBACK FROM A PROPOSED/FUTURE R.O.W.

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

**Fee property owner**

<input type="checkbox"/> Primary contact	Owner name per property title <u>ALIDADE CEDAR I, LLC and ALIDADE CEDAR II, LLC</u>		E-mail <u>rannett@alidadecapital.co</u>	
	Mailing address <u>40900 WOODWARD AVE., SUITE 250</u>	City <u>BLOOMFIELD HILLS</u>	State <u>MI</u>	Zip <u>48304</u>
<input type="checkbox"/> Additional owners on Back	Business address <u>- SAME -</u>		City _____	State _____
	Daytime phone <u>248.205.7827</u>	Cell phone <u>248.376.2400</u>	FAX <u>248.988.8868</u>	
Typed/printed name <u>STEVEN J. FALISKI</u>		Signature <u>[Signature]</u>		Title _____
AUTHORIZED SIGNOR				

**User/occupant**

<input type="checkbox"/> Primary contact	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

**NOTE: Applications only accepted with ALL required support documents. See Instructions.****Deadline for agency action**

60 Days: \_\_\_\_\_ 120 Days \_\_\_\_\_

Planner \_\_\_\_\_ DRC \_\_\_\_\_

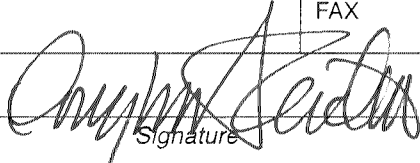
**Shaded areas are for office use only**

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 55431-3027PH 952-563-8920  
FAX 952-563-8949  
TTY 952-563-8740E-MAIL [planning@ci.bloomington.mn.us](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

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PL2018-113**Complete all applicable sections — Select only ONE person as primary contact**

<b>Additional parties</b>				
<input type="checkbox"/> <b>Primary contact</b>	Business name/name <b>COLLIERS ARCHITECTURE</b>		E-mail <b>doug.feickert@colliers.com</b>	
	Mailing address <b>4350 BAKER ROAD</b>	City <b>MINNETONKA</b>	State <b>MN</b>	Zip <b>55343</b>
	Business address	City	State	Zip
	Daytime phone <b>952 897 7836</b>	Cell phone	FAX	
	<b>DOUGLAS FEICKERT</b> Typed/printed name		 Signature	
		<b>DIR. OF DESIGN</b> Title		

<b>Additional fee property owners and addresses</b>				
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
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**