



# Development Application

Case no. PL2018-165 PL201800165

## 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  
10520 FRANCE AVE S, BLOOMINGTON, MN 55431

Common name  
VALLEY WEST SHOP CENTER

Business address  
10592 FRANCE AVE S, BLOOMINGTON, MN 55431

PIN  
19-027-24-41-0029

Lot  
003

Block  
001

Plat name  
VALLEY WEST SHOP CENTER 2ND ADDITION

## Proposal Full documentation must accompany application

Indoor inflatable playground - Application # PL2018-131

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

### Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Kraus-Anderson, Incorporated		E-mail amy.remely@krausanderson.com	
	Mailing address 501 South Eighth Street		City Minneapolis	State MN
<input type="checkbox"/> Additional owners on Back	Business address 501 South Eighth Street		City Minneapolis	State MN
	Daytime phone (612) 255-2425		Cell phone (952) 913-6541	FAX (952) 881-8114
Amy Remely-Agent for Kraus-Anderson Inc.		Amy Remely Property Manager		
Typed/printed name		Signature		Title

### User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name BOUNCING-TON		E-mail TGTHK03@GMAIL.COM	
	Mailing address 10116 STEVENS AVE S		City BLOOMINGTON	State MN
	Business address		City	State
	Daytime phone 6128767274		Cell phone 6128767274	FAX
HOANG NGUYEN		305		OWNER
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 55431-3027


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

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

**Development Application**

Case no.

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

<b>Additional parties</b>					
<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name BOUNCING-TON			E-mail TRANGLHUYNH@GMAIL.COM	
	Mailing address 10116 STEVENS AVE S		City BLOOMINGTON	State MN	Zip 55420
	Business address		City	State	Zip
	Daytime phone 9522886172	Cell phone 9522886172	FAX		
	TRANG HUYNH <i>Typed/printed name</i>		 <i>Signature</i>		CO-OWNER <i>Title</i>

<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		
<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**