

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
314 WEST 90TH STREET

Common name
THERMO KING CORP

Business address
314 WEST 90TH STREET

PIN
1002724230015

Lot
001

Block
001


Plat name
THERMO KING ADDITION

Proposal Full documentation must accompany application


INSTALLATION OF EXTERIOR GROUND MOUNTED MECHANICAL EQUIPMENT ON WEST SIDE OF EXISTING BUILDING. PARKING SPACES WILL BE ELIMINATED AND RE-ALLOCATED ELSEWHERE ON THE PROPERTY AS PROOF OF PARKING.

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

Fee property owner

<input type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title THERMO KING CORP		E-mail ERetzlaff@irco.com	
	Mailing address 314 W 90TH ST	City BLOOMINGTON	State MN	Zip 55420
	Business address 314 W 90TH ST	City BLOOMINGTON	State MN	Zip 55420
	Daytime phone 952-548-2794	Cell phone 651-888-1798	FAX	
	ERIC RETZLAFF <i>Typed/printed name</i>		 <i>Signature</i>	
		EHS & MAINT MGR <i>Title</i>		

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name KOMA, INC		E-mail siaria@komainc.com	
	Mailing address 6115 CAHILL AVENUE	City INVER GROVE HEIGHTS	State MN	Zip 55076
	Business address SAME	City	State	Zip
	Daytime phone 651-789-4127	Cell phone	FAX	
	STEPHEN IARIA <i>Typed/printed name</i>		 <i>Signature</i>	
		ARCHITECT <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 _____	