



CITY OF
BLOOMINGTON
MINNESOTA

lot split or minor subdivision

Development Application

Case no.

CASE FILE #PL201800143

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 Plat Application

Site location ■ Additional addresses on back ■ Legal description attached

Property address
8100 Knox Avenue, Bloomington, Minnesota 55431

Common name
knox landing apartments

Business address
3033 Excelsior Blvd # 215, Minneapolis, MN 55416

PIN 0402724240017

Lot 003

Block 001

Plat name
Reservoir Park 2nd

Proposal Full documentation must accompany application

Bifurcation of current 4.7 acre senior site for second senior building that can receive additional state aid for affordable senior living.

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title KPS LLC c/o Boisclair Corp			E-mail	
	Mailing address 3033 Excelsior Blvd #215		City Minneapolis	State MN	Zip 55416
	Business address 3033 Excelsior Blvd #215		City Minneapolis	State MN	Zip 55416
	Daytime phone 952-905-2448	Cell phone 612-222-6197	FAX email pdfs-		
	Lori Boisclair <i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>

User/occupant

<input type="checkbox"/> Primary contact	Business name/name see above			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>

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

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