



CITY OF  
**BLOOMINGTON**  
MINNESOTA

# Development Application

Case no. PL201800323 PL2018-323

## 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 Uniform Sign Design

## Site location ■ Additional addresses on back ■ Legal description attached

Property address  
7801 12th Avenue South

Common name  
Holiday Inn Express & Suites

Business address  
1225 East 78th St.

PIN  
0202724120132

Lot  
001

Block  
001

Plat name

## Proposal Full documentation must accompany application

Installing new signage on new construction hotel.

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

### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>	Owner name per property title Hawkeye Hospitality		E-mail ting.lu@hawkeyehotels.com	
	Mailing address 1601 North Roosevelt Avenue	City Burlington	State IA	Zip 52601
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address 1601 North Roosevelt Avenue	City Burlington	State IA	Zip 52601
	Daytime phone 319-752-7400	Cell phone	FAX	
Ting Lu _____ Typed/printed name Signature Title				

### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name Same As Above		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 55431-3027


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

E-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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<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Topline Advertising, Inc.			E-mail katie@toplinesign.com	
	Mailing address 11775 Justen Circle, Suite A		City Maple Grove	State MN	Zip 55369
	Business address 11775 Justen Circle, Suite A		City Maple Grove	State MN	Zip 55369
	Daytime phone 763-428-5067	Cell phone	FAX		
	Katie Weber				Project Manager
	Typed/printed name		Signature		Title

**Additional fee property owners and addresses**

Business name/name Friendly Palm Hospitality LLC			E-mail rbhakta@jrhospitality.com	
Mailing address 814 American Blvd E		City Bloomington	State MN	Zip 55420
Business address		City	State	Zip
Daytime phone	Cell phone 612-384-6482	FAX		
Roshan Bhakta				Auth Rep
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**