

Development Application

Case no. PL201800034 PL2018-34 Type of application ✓ Standard ☐ Staff approval ☐ Hearing Examiner Plan Revision ☐ Amended ☐ Reapplication Variance Rezonina Conditional Use Permit Ordinance Amendment Preliminary Development Plan Interim Use Permit Comprehensive Plan Amendment Subdivision Final Development Plan Final Site and Building Plan Other USD Site location ■ Additional addresses on back Legal description attached Property address Common name 2901/2950/3001/3050 Metro Drive & 7801/7850/7851 Metro Parkway Metro Office Park Business address 3001 Metro Drive, Suite 250 PIN Lot Block Plat name Proposal Full documentation must accompany application USD for Metro Office Park Complete all applicable sections — Select only ONE person as primary contact Fee property owner Owner name per property title E-mail ✓ Primary DRFC Metro LLC jeff.lasota@frauenshuh.com contact Mailing address City State Zip Bloomington 3001 Metro Drive, Suite 250 MN 55425 Additional City Business address State Zip owners Bloomington 3001 Metro Drive, Suite 250 MN 55425 on Back Daytime phone Cell phone FAX 952.829.3461 Jeff LaSota Property Manager Sighature Typed/printed name Title User/occupant Business name/name E-mail Primary contact City Mailing address State Business address City State Zip Cell phone FAX Daytime phone Typed/printed name Signature Title NOTE: Applications only accepted with ALL required support Shaded areas are for office use only documents. See Instructions. Received: Date Bv Deadline for agency action Reviewed: Date By □ PC □ CC □ HE Fee paid: Date \$ 60 Days: _ 120 Days _ ☐ Admin. Βv Date DRC approval: ☐ Comm. Dev't Dir. ☐ Planning Div. Manager □ Other Community Development Planning and Economic Dev. PH 952-563-8920 E-MAIL planning@ci.bloomington.mn.us 1800 W. Old Shakopee Road 952-563-8949

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

		Additiona	ıl parties			
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	Mailing address		City		State	Zip
	Business address		City		State	Zip
	Daytime phone	Cell phone		FAX		
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	Typed/printed name		Signature			Title
and the		e property	owners and address	ses		
	Business name/name				E-mail	
	Mailing address		City		State	Zi p
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	Daytime phone	Cell phone	,	FAX		
	Typed/printed name		Signature			Title
	Business name/name		·		E-mail	
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	Business address		City		State	Zip
	Daytime phone	Cell phone		FAX	1	
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	Business name/name	***			E-mail	
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