

Case no.

PL2018-221 PL201800221

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
1701 / 1801 American Boulevard E

Common name
Cedar Business Center

Business address

PIN
0202724110020 & 0202724110021

Lot Block


Plat name

Proposal Full documentation must accompany application

Requesting Final Site Plan Approval for an expansion of parking lot. Project was previously reviewed, to obtain a variance to build in the setback from future right-of-way.

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 Alidade Cedar I, LLC and Alidade Cedar II, LLC | | E-mail rannett@alidadecapital.com | |
| | Mailing address 40900 Woodward Ave, Suite 250 | City Bloomfield Hills | State MI | Zip 48304 |
| | Business address | City | State | Zip |
| | Daytime phone 248-205-7827 | Cell phone 248-376-2400 | FAX 248-988-8868 | |
| | Steven J. Faliski - Authorized Signor <i>Typed/printed name</i> | |  <i>Signature</i> | |
| | | Title | | |

User/occupant

| | | | | |
|---|-------------------------------|------------|----------------------|-----|
| <input type="checkbox"/> Primary contact | 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> | |
| | | 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

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Additional parties

| | | | | | |
|--|---|--|--------------------|--------------------------------------|--------------|
| <input checked="" type="checkbox"/> Primary contact | Business name/name Colliers Architecture, LLC | | | E-mail doug.feickert@colliers.com | |
| | Mailing address 4350 Baker Road | | City Minnetonka | State MN | Zip 55343 |
| | Business address | | City | State | Zip |
| | Daytime phone 952-897-7836 | | Cell phone | | FAX |
| | <div> <div>Douglas Feickert</div> <div>  </div> <div>Director of Design</div> </div> <div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div> | | | | |

Additional fee property owners and addresses

| | | | | | |
|---|--|------------|--|--------|-----|
| Business name/name | | | | E-mail | |
| Mailing address | | City | | State | Zip |
| Business address | | City | | State | Zip |
| Daytime phone | | Cell phone | | FAX | |
| <hr/> <div>Typed/printed nameSignatureTitle</div> | | | | | |
| Business name/name | | | | E-mail | |
| Mailing address | | City | | State | Zip |
| Business address | | City | | State | Zip |
| Daytime phone | | Cell phone | | FAX | |
| <hr/> <div>Typed/printed nameSignatureTitle</div> | | | | | |
| Business name/name | | | | E-mail | |
| Mailing address | | City | | State | Zip |
| Business address | | City | | State | Zip |
| Daytime phone | | Cell phone | | FAX | |
| <hr/> <div>Typed/printed nameSignatureTitle</div> | | | | | |

Use additional sheets or copy form for additional properties