

## Type of application

- ☒ Standard
 ☐ Staff approval
 ☐ Hearing Examiner
 ☐ Plan Revision
 ☐ Amended
 ☐ Reapplication
- ☒ Rezoning
 ☐ Preliminary Development Plan
 ☐ Final Development Plan
 ☒ Conditional Use Permit
 ☐ Interim Use Permit
 ☐ Final Site and Building Plan
 ☒ Variance
 ☐ Comprehensive Plan Amendment
 ☐ Other
 ☐ Ordinance Amendment
 ☒ Subdivision


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

Property address 8100 Highwood Drive, Bloomington, MN		Common name Friendship Village - Bloomington	
Business address Same as above			
PIN Multiple PINs	Lot 1	Block 1	Plat name Friendship Village 2nd Addition

## Proposal Full documentation must accompany application

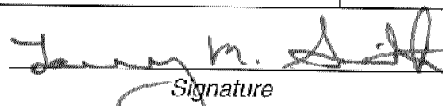
Complete all applicable sections — Select only ONE person as primary contact

## Fee property owner

<input type="checkbox"/> Primary contact  <input type="checkbox"/> Additional owners on Back	Owner name per property title Lifespace Communities, Inc. d/b/a Friendship Village of Bloomington		E-mail larry.smith@lifespacecommunities.co	
	Mailing address 4201 Corporate Drive		City West Des Moines	State IA
	Business address Same as above		City	State Zip
	Daytime phone 515-309-4458	Cell phone	FAX 515-288-5911	
	Larry Smith Typed/printed name		 Signature	

Chief Financial Officer  
Title

## User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Friendship Village of Bloomington		E-mail	
	Mailing address 8100 Highwood Drive		City Bloomington	State MN
	Business address Same as above		City	State Zip
	Daytime phone 952-831-7500	Cell phone	FAX	
	Larry Smith Typed/printed name		 Signature	

Chief Financial Officer  
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)

**Development Application**

Case no.

CASE FILE #PL2017000250

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

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name SAS Architects & Planners, LLC			E-mail moyer@sasarch.com	
	Mailing address 630 Dundee Road, Suite 110		City Northbrook	State IL	Zip 60062
	Business address Same as above		City	State	Zip
	Daytime phone 847-563-8333 x250	Cell phone 847-331-4329	FAX 847-564-9989		
	James T. Moyer <i>Typed/printed name</i>		 <i>Signature</i>		Vice President <i>Title</i>

**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 847 564 9989		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>

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>		<i>Title</i>

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>		<i>Title</i>

**Use additional sheets or copy form for additional properties**