Development Application

Case no.

Type of application

- [x] Standard
- [ ] Staff approval
- [ ] Hearing Examiner
- [ ] Plan Revision
- [x] Amended
- [ ] Reapplication

- [x] Rezoning
- [x] Preliminary Development Plan
- [x] 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
5501 American Blvd W, Bloomington, MN 55437

Common name

Business address

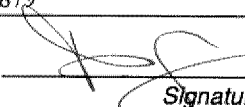| PIN 1611621240008	Lot 002	Block 001	Plat name Jostens Addn

Proposal Full documentation must accompany application

Rezone from C-4 to RM50. Re-Guide from OFR to HDR. See Attached Narrative, Survey, Plat Drawings, Civil, Landscape Architectural Drawings.

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

Fee property owner

- [x] **Primary contact**
- [ ] **Additional owners on Back**

Owner name per property title UNITED LAND LLC/ C.O .United Prop. Invest LLC		E-mail dave.young@uproperties.com	
Mailing address 651 Nicollet Mall, Suite 450	City Minneapolis,	State MN	Zip 55402
Business address 651 Nicollet Mall, Suite 450	City Minneapolis,	State MN	Zip 55402
Daytime phone 952.837.8667	Cell phone 612.282.7879	FAX	

Dave Young — *Typed/printed name* | *Signature* | SENIOR PM *Title*

User/occupant

- [ ] **Primary contact**

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*

NOTE: Applications only accepted with ALL required support documents. See Instructions.

Deadline for agency action

60 Days: _____   120 Days _____

Planner _____   DRC _____

Community Development   Planning and Economic Dev.
1800 W. Old Shakopee Road
Bloomington MN 55431-3027

PH   952-563-8920   E-MAIL planning@ci.bloomington.mn.us
FAX 952-563-8949   www.ci.bloomington.mn.us
TTY 952-563-8740

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Additional parties

☐ *Primary contact*

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*

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	

_____ _____ _____
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