

Development Application

Case no. CASE FILE #PL201900046

		Type of a	pplication									
Standard	☑ Staff approval ☐ Hearing	Examiner	☐ Plan Revisi	on 🗌 Am	nended	Reapp	lication					
Rezoning Conditional Use Permit Variance Ordinance Amendment Preliminary Development Plan Interim Use Permit Comprehensive Plan Amendment Subdivision Final Development Plan Other												
	Site location ■ Addit	tional address	es on back	Legal descr	iption attac	hed						
Property addres 2901/2950/3001	s /3050 Metro Drive & 7801/7850/785	l Metro Parkwa	Common name Metro Office Park									
Business addres 3001 Metro Driv	SS											
PIN	Block Plat name											
	Proposal Ful	l documentati	on must accor	npany applica	ition							
Landscape rene	ovations at Metro Office Park											
***************************************							,					
	Complete all applicable	sections — S	Select only ON	E person as p	rimary con	tact						
		Fee prope	erty owner									
✓ Primary contact	Owner name per property title DRFC Metro LLC		E-mail jeff.lasota@fraue				auenshuh.com					
Additional	Mailing address 3001 Metro Drive, Suite 250	City Bloomington			State Zip MN 55425							
owners on Back	Business address 3001 Metro Drive, Suite 250	City Bloomington			State Zip MN 55425			***************************************				
	Daytime phone 952.829.3461	FAX FAX			33723							
	Jeff LaSota		/	AA	•		3.6					
	Typed/printed name	<u> </u>	Property Manager Signature Title				er					
		User/o	ccupant			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Primary	Business name/name				E-m	nail						
contact	Mailing address		City			te Zi	Zip		¥			
	Business address	City		Stat	te Zi	р						
	Daytime phone	FAX										
			3331111111111111111111111111111111111		J							
Typed/printed name			Signature			Title						
NOTE: Applica	ations only accepted with ALL requi documents. See Instructions.	red support		Shaded are	as are for c	office use	only					
	Deadline for agency action		Received:	Date	Ву		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Reviewed:	Date		□ PC □ (CC 🗆	HE					
60 Days: 120 Days		Fee paid: ☐ Admin.	Date Date	\$ Bv		·····						
Planner DRC			approval:	Date By ☐ Comm. Dev't Dir. ☐ Planning Div. Manager								
				□ Other			., _,,,,		,			
Community	Development Planning and Eco 1800 W. Old Shak Bloomington MN	FAX 952-5	63-8920 E-l	MAIL plann w.ci.bloomi			on.mn	.us				
	bloomington Min	JJ431-3UZ/	111 952-5	03-8/40		web_s	i2_001 pg1	of (0	7/09)			

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

		Addition	al parties					
Primary contact	Business name/name JCM Design Bulb.				E-mail BNUH-ng OJUM Desyubula			
	Mailing address / A		City		State	/ Zip		
	7/4/ Anima son Aug. Business address		City City		<i>M</i> ∧ . State	\$5-439 Zip		
	Spnc-				Jiale	Σιρ		
	Daytime phone 610-366-4260-	Cell phone	366-4262.	FAX				
	Brett Nothing Typed/printed hame		Signature			ManazeR		
	1	o property	owners and addres	202		Inte		
	Business name/name	e property	owners and addres	1562	E-mail			
	Mailing address		City		State	Zip		
	Business address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City		State	Zip		
	Daytime phone	Cell phone	•///	FAX				
	Typed/printed name	404	Signature			Title		
	Business name/name		J.g. a.i.a.		E-mail	. Title		
	Mailing address		City		State	Zip		
	Business address		City		State	Zip		
	Daytime phone	Cell phone		FAX	.	L		
	Tuesdain	······································		WARRING TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE				
	Typed/printed name Business name/name		Signature			Title		
					E-mail			
	Mailing address		City		State	Zip		
	Business address		City		State	Zip		
	Daytime phone Cell phone			FAX				
	Typed/printed name	The second secon	Signature			Title		
	Typed/printed name	THE SECOND STATE OF THE SECOND	Signature			Title		

Use additional sheets or copy form for additional properties