



PL201900011
PL2019-11

Development Application

Case no.

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
3700 American Boulevard East

Common name

Business address

PIN
06-027-23-21-0012

Lot
001

Block
001

Plat name
International Airport Park 5th Addition

Proposal Full documentation must accompany application

See Attached

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Rosa Development Company, LLP		E-mail	
	Mailing address 334 NE 1st Avenue		City Del Ray Beach	State FL Zip 33444
<input type="checkbox"/> Additional owners on Back	Business address Same		City Same	State Same Zip Same
	Daytime phone 561-392-7777	Cell phone	FAX 561-392-9900	
	Kristin Muir <i>Typed/printed name</i>		 <i>Signature</i>	_____ <i>Title</i>

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>		_____ <i>Title</i>	

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	\$
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

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

<input type="checkbox"/> Primary contact	Business name/name Larkin Hoffman / William C. Griffith		E-mail wgriffith@larkinhoffman.com		
	Mailing address 8300 Norman Center Drive, Suite 1000	City Minneapolis	State MN	Zip 55437	
	Business address Same	City Same	State Same	Zip Same	
	Daytime phone 952-896-3290	Cell phone 612-986-7711	FAX 952-842-1738		
	William C. Griffith				
	Typed/printed name		Signature		
		Attorney		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 952-842-1738	
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