



CITY OF
BLOOMINGTON
MINNESOTA

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 AIRPORT ZONING PERMIT

Site location ■ Additional addresses on back ■ Legal description attached

Property address 8041/8051 33RD AVENUE SOUTH Common name BLOOMINGTON CENTRAL STATION
 Business address BLOOMINGTON, MN 55425
 PIN 06-027-23-23-0638/0648 Lot _____ Block _____ Plat name BLOOMINGTON CENTRAL STATION 6TH ADD

Proposal Full documentation must accompany application

MINOR REVISION TO THE PRELIMINARY DEVELOPMENT PLAN, FINAL DEVELOPMENT PLAN
APPROVAL AND AN AIRPORT ZONING PERMIT FOR A 400-UNIT MULTIFAMILY
PROJECT AT BLOOMINGTON CENTRAL STATION.

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

Fee property owner

☒ Primary contact
☐ Additional owners on Back

Owner name per property title BLOOMINGTON CENTRAL STATION, LLC E-mail david.higgins@mcgough.com
 Mailing address 2737 FAIRVIEW AVE. NORTH City ST. PAUL State MN Zip 55113
 Business address _____ City _____ State _____ Zip _____
 Daytime phone (651) 634-7764 Cell phone (617) 510-0429 FAX (651) 633-5673
DAVID HIGGINS [Signature] VP-DEVELOPMENT
 Typed/printed name Signature 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 _____

Shaded areas are for office use only

Received: Date _____ By _____
 Reviewed: Date _____ By ☐ PC ☐ CC ☐ HE
 Fee paid: Date _____ \$ _____
☐ Admin. approval: Date _____ By _____
☐ Comm. Dev't Dir. ☐ Planning Div. Manager
☐ 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 type="checkbox"/> Primary contact	Business name/name <u>KIMLEY-HORN AND ASSOCIATES, INC.</u>			E-mail <u>tom.lincoln@kimley-horn.com</u>	
	Mailing address <u>2550 UNIVERSITY AVE. WEST</u>		City <u>ST. PAUL</u>	State <u>MN</u>	Zip <u>55114</u>
	Business address		City	State	Zip
	Daytime phone <u>(651) 643-0453</u>	Cell phone <u>(612) 281-6194</u>	FAX		
	<u>THOMAS J. LINCOLN</u> Typed/printed name		<u>[Signature]</u> Signature		<u>SR. PROJECT MANAGER</u> 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