



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 Environmental Assessment Worksheet

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. Narrative, Survey, Plat Drawings, Civil, Landscape Architectural Drawings were previously submitted under Reference Number PL201800225

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title UNITED LAND LLC/ C.O .United Prop. Invest LLC		E-mail alex.hall@uproperties.+			
	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 952.820.8725	Cell phone 952.270.4133	FAX			
	Alex Hall		Senior Vice Pres.			
	Typed/printed name		Signature		Title	

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		
	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 <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

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