



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
7850 Nord Ave S

Common name

Business address

PIN
0602724210019

Lot
001

Block
001

Plat name
Scagate 2nd Addn

Proposal Full documentation must accompany application

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title SEAGATE TECHNOLOGY LLC			E-mail	
	Mailing address 7801 Computer Ave		City Bloomington	State MN	Zip 55435
	Business address 10200 S DE ANZA BLVD		City CUPERTINO	State CA	Zip 95014
	Daytime phone 952-402-8390	Cell phone 612-723-8721	FAX 952-402-7031		
	Martin Leppert <i>Typed/printed name</i>		Martin Leppert <i>Signature</i>		Staff Engineer <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		
	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

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☒ **Primary contact**

Business name/name <i>JHC INC</i>		E-mail <i>ray@jhcgc.com</i>	
Mailing address <i>6221 Vincent</i>	City <i>Richfield</i>	State <i>Mn</i>	Zip <i>55423</i>
Business address <i>Same</i>	City	State	Zip
Daytime phone	Cell phone <i>612 685-2235</i>	FAX	
<i>Raymond Beyrand</i> Typed/printed name		<i>Raymond Beyrand</i> Signature	
		<i>Proj Mgr</i> 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