



PL201900067
PL2019-67

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
7803 Penn Ave S.

Common name
Southtown Shopping Center

Business address

PIN
0402724220011

Lot Block

Plat name

Proposal Full documentation must accompany application

Exterior Façade modifications for a new tenant (5 Below) at 7971 Southtown Center.

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 Kraus-Anderson Incorporated		E-mail ken.vinje@krausanderson.com	
	Mailing address 501 South Eighth Street		City Minneapolis	State MN
	Business address (same as above)		City	State
	Daytime phone 612-332-7281 / D: 612-255-2409	Cell phone 612-810-2308	FAX 952-881-8114	
	Ken Vinje <i>Typed/printed name</i>		<i>Signature</i> VP of Properties <i>Title</i>	

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name 5 Below		E-mail	
	Mailing address N/A		City	State
	Business address 7971 Southtown Center		City Bloomington	State
	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	\$
<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**

<input checked="" type="checkbox"/> Primary contact	Business name/name Kraus-Anderson Incorporated			E-mail jeff.mauser@krausanderson.com	
	Mailing address 501 South Eighth Street		City Minneapolis	State MN	Zip 55404
	Business address (same as above)		City	State	Zip
	Daytime phone D: 612-336-6447	Cell phone 612-723-1498	FAX 612-332-8739		
	Jeff Mauser <i>Typed/printed name</i>		_____ <i>Signature</i>		Project Manager <i>Title</i>

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 612-332-8739		
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>		_____ <i>Title</i>

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>

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>

Use additional sheets or copy form for additional properties