



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 2525 W. 79th Street 3901 Minnesota Drive Common name Minnesota Center Land

Business address

PIN
0602724110017

Lot Block

Plat name
Minnesota Center 2nd Addition

Proposal Full documentation must accompany application

Administrative Approval on slightly revised Elevation Drawings and addition of a Pedestrian Bridge to the Project.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title 3901 Minnesota Drive, LLC		E-mail <u>Ross.Hedlund@Frauenshuh.com</u>	
	Mailing address 7101 West 78th Street	City Bloomington	State MN	Zip 55439
<input type="checkbox"/> Additional owners on Back	Business address 7101 West 78th Street		State MN	Zip 55439
	Daytime phone 952.829.3460	Cell phone 763.913.1689	FAX 952.829.3481	
Dean Williamson				President
Typed/printed name		Signature		Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Drury Southwest, Inc		E-mail lwestrich@drurysw.com	
	Mailing address 101 S Farrar Drive	City Cape Girardeau	State MO	Zip 63701
	Business address 101 S Farrar Drive		State MO	Zip 63701
	Daytime phone 573.388.3574	Cell phone 573.450.0106	FAX 573.651.9456	
Larry J. Westrich				SR Vice-President
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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