

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 8100 Highwood Drive, Bloomington, MN		Common name Friendship Village - Bloomington	
Business address Same as above			
PIN Multiple PINs	Lot 1	Block 1	Plat name Friendship Village 2nd Addition

Proposal Full documentation must accompany application

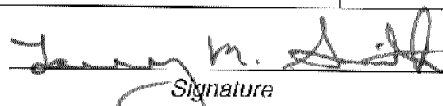
Complete all applicable sections — Select only ONE person as primary contact

Fee property owner

<input type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title Lifespace Communities, Inc. d/b/a Friendship Village of Bloomington		E-mail larry.smith@lifespacecommunities.co	
	Mailing address 4201 Corporate Drive	City West Des Moines	State IA	Zip 50266
	Business address Same as above	City	State	Zip
	Daytime phone 515-309-4458	Cell phone	FAX 515-288-5911	
	Larry Smith Typed/printed name		 Signature	

Chief Financial Officer
Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Friendship Village of Bloomington		E-mail	
	Mailing address 8100 Highwood Drive	City Bloomington	State MN	Zip 55438
	Business address Same as above	City	State	Zip
	Daytime phone 952-831-7500	Cell phone	FAX	
	Larry Smith Typed/printed name		 Signature	

Chief Financial Officer
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 _____		

Development Application

Case no.

CASE FILE #PL201900028**Complete all applicable sections — Select only ONE person as primary contact****Additional parties**☒ **Primary contact**Business name/name
SAS Architects & Planners, LLCE-mail
moyer@sasarch.comMailing address
630 Dundee Road, Suite 110City
NorthbrookState
ILZip
60062Business address
Same as above

City

State

Zip

Daytime phone
847-563-8333 x250Cell phone
847-331-4329FAX
847-564-9989

James T. Moyer

Typed/printed name



Signature

Vice President

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
847-564-9989

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