

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: 8001 28th Ave S Bloomington, MN 55425 Common name: CAMBRIA Suites
 Business address: 835 SHARON Drive #400 Westlake OH 44145
 PIN: _____ Lot: _____ Block: _____ Plat name: _____

Proposal Full documentation must accompany application

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

Fee property owner

Primary contact
 Additional owners on Back
 Owner name per property title: C:O Bloomington, LLC E-mail: DavidC@acesoh.com
 Mailing address: 835 SHARON Drive #400 City: Westlake State: OH Zip: 44145
 Business address: 835 SHARON Drive #400 City: Westlake State: OH Zip: 44145
 Daytime phone: 440 617 9385 Cell phone: _____ FAX: 440 617 9388
DAVID C. SAFI [Signature] MANAGER member
 Typed/printed name Signature Title

User/occupant

Primary contact
 Business name/name: CAMBRIA Suites / C:O Bloomington, LLC E-mail: DavidC@acesoh.com
 Mailing address: 835 SHARON Drive #400 City: Westlake State: OH Zip: 44145
 Business address: 8001 28th Ave S City: Bloomington State: MN Zip: 55425
 Daytime phone: 440.617.9385 Cell phone: _____ FAX: 440 617. 9388
DAVID CRISAFI [Signature] MANAGER member
 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 PC CC HE
 Fee paid: Date _____ \$ _____
 Admin. approval: Date _____ By _____
 Comm. Dev't Dir. Planning Div. Manager
 Other _____