# CITY OF BLOOMINGTON

#### PL202000014 PL2020-14 611 W 98th Street Case no.

# **Development Application**

				COMESMON						
✓ Standard	Staff approval	☐ Hearing Exa		Plan Revision	on 🗆 Am	ended	□ Rea	application		
Rezoning Preliminary D Final Develop	evelopment Plan oment Plan	☐ Variance ☐ Compreh ☐ Other	Comprehensive Plan Amendment							
	Site lec	ation   Addition	ul addicesse	son back	Legal descri	otion a	inichied	Land State		
Property address		(N) 55490		Common nan	ne					
Business addres	reet, Bloomington, N s	117 33470		39999999999999999	Belggy 1949 4400	***************************************	WARRANCE TO SERVICE THE SERVIC		0.0000000000000000000000000000000000000	
rala i	***************************************	I A	.+	Block	Plat name					
PIN Lot 1502724320065 002			001 Oxboro Development 1st Addition							
		Proposal Full do	cumentatio	n must accor	nyany applica	tion				
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		seeks to redevelop							Cialeu	
parking, landsc	aping, utilities, an	d its own indepen	dent unde	rground stor	m water mai	nageme	ent syster.	11.		
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	Complet	e all applicable sec	tione S	elect only ONI	E nareon se ni	rimanı ı	ontact	in and the second second		
ansomite (1) most have militial time	Complet			rty owner	_ person as pr	innury C	omao.		and the second	
	Owner name per pi					ĺ	Ē-maii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Primary contact	KTJ 348, LLC						dave@oppidan.com			
	Mailing address	1 000		City			State VIN	<b>Zip</b> 55331		
√ Additional	Business address	400 Water Street, Suite 200			Excelsior City		State	33331   Zip		
owners on Back	400 Water Street, Suite 200			Excelsion			MN	55331		
	Daytime phone Cell phone (952) 294-1255			FAX						
		NAMES OF THE PROPERTY OF THE P	1 Dath			0 () 1 ()	1			
	Dave Scott			Signature		······································	EVP & General Counsel  Title			
	iyp ir	ed/printed name	AT LEAST PER	antantantantan dan seria	nynaiure			ring		
	Business name/name E-mail									
Primary	Business name/name									
contact	Mailing address			City			State	Zip		
	Business address			City	***************************************		State	Zip		
	Dualifeas address									
	Daytime phone Cell phone			FAX						
			CONTRACTOR AND			rdrooreerawa.vooreera		MANAGEMENT OF THE PARTY OF THE		
	quegges and question and an analysis and an analysis and a second and a second and a second and a second and a	4.Z * # . 4	***************************************		7:			Title		
Typed/printed name			Signature							
NOTE: Applica	ilions only accepte	d with ALL required.	support		Shaded area			se only	and the state of t	
documents. See Instructions.  Deadline for agency action				Received:	Date	8		OCC OHE	nyyddingaeadagelasgingalahogaeaaadhhilyeess 184	
- "			Reviewed:	Date	Arteros (			ne. Pasygensandyngunbensansukturunung		
60 Days: 120 Days			Fee paid:	Date	\$		ndertellik de kalandelik proposer om de pominisk senythelida	bousándopsángorboussabgopsádd-Hittimupe		
Planner DRC			approval:	Date	By m. Dev't Dir. □ Planning Div. Manager					
		☐ Comm. Dev't D			я. 🗀 гылынд ых. маладег					
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Community Development Planning and Economic Dev. PH 952-563-8920 E-MAIL pl. 1800 W. Old Shakopee Road FAX 952-563-8949 www.ci.blo							anning@ci. ominaton r	.bloomington nn.us	.mn.us	
Bloomington MN 55431-3027				TTY 952-563-8740 web_52_001 pg1 of (07/09)						

PL202000014 PL2020-14

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# **Development Application**

Case no.

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

Marinetto (		Additiona	parties						
☑ Primary contact	Business name/name Ian Halker				E-mail ianh@oppidan.com				
0017111104	Mailing address 400 Water Street, Suite 200	City Excelsior		State MN	Zip 55331				
	Business address 400 Water Street, Suite 200		City Excelsion		State MN	Zip 55331			
	Daytime phone (952) 294-1259	Cell phone		FAX		Quantition			
	Ian Halker	Ian Halker		In dalke					
	Typed/printed name	Signature		Title					
	Additional fee	e proveny	owners and addresse	a de la companya de l					
	Business name/name		E-mail						
	Mailing address	Allamillimanii)	City		State	Zip			
	Business address		City	State	Zip				
	Daytime phone		FAX						
	Turod/printed name Signature Title								
	Typed/printed name	Signature	rive						
	Business name/name			E-mail	nagananan a a shiribida a sa				
	Mailing address Business address		City	State	Zip				
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	Daytime phone Cell phone								
	Typed/printed name	Typed/printed name Signature							
	Business name/name			E-mail	III y				
	Mailing address		City		State	Zîp			
	Business address	City		State	Zip				
	Daytime phone		FAX	AND AND THE PROPERTY OF THE PR					
		AND THE RESIDENCE AND THE PARTY OF THE PARTY	Signature			Title			
	Typed/printed name		Signacine						

Use additional sheets or copy form for additional properties