



Development Application

Case no. Case PL2016-232

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	Owner name per property title Lifespace DG, LLC d/b/a Friendship Village of Bloomington		E-mail brian.devlin@lifespacecommunities.com	
	Mailing address 4201 Corporate Drive		City West Des Moines	State IA
<input type="checkbox"/> Additional owners on Back	Business address Same as above		City	State
	Daytime phone 515-309-7803		Cell phone	FAX 515-288-5911
Brian Devlin Typed/printed name		[Signature] Signature		Director of Development 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
<input type="checkbox"/> Additional owners on Back	Business address Same as above		City	State
	Daytime phone 952-831-7500		Cell phone	FAX
Brian Devlin Typed/printed name		[Signature] Signature		Director of Development 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

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

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Case no. _____

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

City

State
ZipDaytime phone
847-564-8333 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