

Case no. **CASE #PL2020-26**

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 Prelim and Final Plat

Site location ■ Additional addresses on back ■ Legal description attached

Property address
8901 Lyndale Avenue S., Bloomington, MN 55420

Common name
U-Haul

Business address
8901 Lyndale Avenue S., Bloomington, MN 55420

PIN
1002724230023 & 1002724230025

Lot
002

Block
001


Plat name
AT and T Addition & AT & T Second Addition

Proposal Full documentation must accompany application


Please see attached.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title U-Haul of Southern Minnesota (Christopher Bohlman)		E-mail christopher_bohlman@uhaul.com	
	Mailing address 8845 Lyndale Avenue S.	City Bloomington	State MN	Zip 55420
<input type="checkbox"/> Additional owners on Back	Business address 8845 Lyndale Avenue S.		State MN	Zip 55420
	Daytime phone 710.610.8434	Cell phone	FAX	
Christopher Bohlman <i>Typed/printed name</i>		 <i>Signature</i>	President <i>Title</i>	

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name U-Haul of Southern Minnesota (Christopher Bohlman)		E-mail christopher_bohlman@uhaul.com	
	Mailing address 8845 Lyndale Avenue S.	City Bloomington	State MN	Zip 55420
<input type="checkbox"/> Additional owners on Back	Business address 8845 Lyndale Avenue S.		State MN	Zip 55420
	Daytime phone 710.610.8434	Cell phone	FAX	
Christopher Bohlman <i>Typed/printed name</i>		 <i>Signature</i>	President <i>Title</i>	

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

Complete all applicable sections — Select only ONE person as primary contact**Additional parties**☒ **Primary contact**

Business name/name ISG (Ryan Anderson)		E-mail Ryan.Anderson@ISGInc.com	
Mailing address 7900 International Drive, Suite 550	City Minneapolis	State MN	Zip 55425
Business address 7900 International Drive, Suite 550	City Minneapolis	State MN	Zip 55425
Daytime phone 952.426.0699	Cell phone	FAX	
Ryan Anderson, PE <i>Typed/printed name</i>		 <i>Signature</i>	Civil Engineer <i>Title</i>

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	
<i>Typed/printed name</i>		<i>Signature</i>	<i>Title</i>

Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<i>Typed/printed name</i>		<i>Signature</i>	<i>Title</i>

Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<i>Typed/printed name</i>		<i>Signature</i>	<i>Title</i>

Use additional sheets or copy form for additional properties