CITY OF **BLOOMINGTON**

PL201600063 PL2016-63 Development Application

PL2016-63

1000		William Control	ype of a	pplication						
Standard	Staff approval	☐ Hearing Exa	miner [Plan Revisi	on \square	Amended		teapplication		
Rezoning Preliminary I Final Develo	Development Plan pment Plan	Conditional Use P Interim Use Permi Final Site and Buil	t ding Plan	Other _	ensive Plar			Ordinance A Subdivision	mendment	
	Site loca	ation Addition	al addresse	s on back			ittached			
Property addres	SHO! ANE	Carlo Brian			Common	name •	10	ATA		
Business addres	SS		Applica o				•	1		
PIN	440121	Lo	t	Block	Plat name			-		
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		Proposal <i>Full do</i>	cumentatio	n must accor	npany app	lication				
See proje	et Description.		,							
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	Complete	all applicable sec		_	E person a	s primary	contact			_
	Owner name per pro		e prope	rty owner			E-mail ('man	XE el	
Primary contact	Owner hame per pro	The second second		5 1V L	LC.	1	Chan (\smile	-6
	Mailing address			CITY .			State	Zip	٥	
Additional owners	Business address	LASK (Or 7 L		City			State Zip			
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		d/printed name		3	Signature			Title		
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☐ Primary	Business name/nam		_	ı	•		E-mail	V328	~ @ l	
contact	Mailing address	- (9,70)	*	Çity			State	Zip	7	25
		BENDY BY	<u> </u>	100	261110	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M	<u></u>		
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		d/printed name	. (ignature		******	Title	V	_
NOTE: Applica	ations only accepted documents. See In	with ALL required s	upport	D!!	-	areas are i				· <u>·</u> · ·
Deadline for agency action			Received:			By <i>Mili</i> ∠ By ⊠PC	<i>cC</i> □CC □F	<u> </u>	<u></u>	
00.0		Days		Reviewed: Fee paid:	Date 2	20/10			<u> </u>	_
60 Days:	Fee paid: Date $\frac{2}{3}$ $\frac{7}{4}$		163	\$ 4/20/16 By						
Planner <u>M</u> (approval:		. Dev't Dir.		anning Div. N	1anager	-			
					☐ Other					
Community		lanning and Economi 300 W. Old Shakopee			53-8920	E-MAIL pl		ci.bloomingto	n.mn.us	-

TTY 952-563-8740

web_52_001 pg1 of __ (07/09)

Bloomington MN 55431-3027

PL201600063 PL2016-63

Development Application

Case no.

PL2016-63

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

		Additiona	al parties		1000			
Primary	Business name/name	E-mail						
contact	CO EXPLU CONS		JOSOIKIN KIK					
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	Daytime phone	Cell phone	77.65	FAX	7 - 68	1-078		
	651.383.7933		/ / /		<u> </u>	<u> </u>		
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	Typed/printed name		Signature			Title		
	Additional fe	e property	owners and address	ses	energy of the second			
				E-mail				
	Business name/name				Linaii			
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