



# Development Application

Case no. PL202000028 PL2020-28

## 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 Platting

## Site location ■ Additional addresses on back ■ Legal description attached

|  |          |             |  |
|--|----------|-------------|--|
| Property address<br>3700 American Boulevard East, Bloomington      |          | Common name |  |
| Business address<br>334 NE 1st Avenue, Delray Beach, Florida 33444 |          |             |  |
| PIN<br>06-027-23-21-0012   | Lot<br>1 | Block<br>1  | Plat name<br>International Airport Park 5th Addition |

## Proposal Full documentation must accompany application

Rosa Development Company LLLP is making application for the above referenced actions related to the development of 183 unit multifamily project. Submittal includes the following: Master Plan, Project Narrative (including peak hour & average day water demand/wastewater flow), ITE trip generation, Site Plan, Schematic Building Plan, Utility Plan, Grading & Soil Erosion & Drainage Plan, Landscape Plan.

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

### Fee property owner

|  |  |                            |                                  |                          |
|--|--|----------------------------|----------------------------------|--------------------------|
| <input type="checkbox"/> Primary contact           | Owner name per property title<br>Rosa Development Co (Kristin Muir, Managing Director) |                            | E-mail<br>kristinmmuir@yahoo.com |                          |
|  | Mailing address  |                            | City                             | State Zip                |
| <input type="checkbox"/> Additional owners on Back | Business address<br>334 NE 1st Avenue  |                            | City<br>Delray Beach             | State<br>FL Zip<br>33444 |
|  | Daytime phone<br>561-654-5433  | Cell phone<br>561-654-5433 | FAX                              |                          |
|  | Kristin M. Muir<br>Typed/printed name  |                            | <br>Signature                    |                          |
|  |  |                            | Managing Partner<br>Title        |                          |

### User/occupant

|  |                           |                  |           |           |
|--|---------------------------|------------------|-----------|-----------|
| <input type="checkbox"/> Primary contact | Business name/name<br>N/A |                  | E-mail    |           |
|  | Mailing address           |                  | City      | State Zip |
|  | Business address          |                  | City      | State Zip |
|  | Daytime phone             | Cell phone       | FAX       |           |
|  | Typed/printed name        |                  | Signature |           |
|  |                           | Manager<br>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

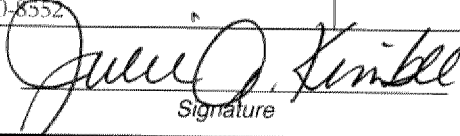
E-MAIL [planning@ci.bloomington.mn.us](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

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

|   |  |                            |  |                                 |
|---|--|----------------------------|--|---------------------------------|
| <input type="checkbox"/> <b>Primary contact</b> | Business name/name<br>KimbleCo - Owner's Representative    |                            | E-mail<br>juliekimble@kimbleconsult.com  |                                 |
|   | Mailing address  |                            | City   | State      Zip                  |
|   | Business address<br>Suite H-2, #242, 3673 Lexington Avenue |                            | City<br>St. Paul   | State      Zip<br>MN      55126 |
|   | Daytime phone<br>612-670-8552                              | Cell phone<br>612-670-8552 | FAX  |                                 |
|   | Julie A. Kimble<br><i>Typed/printed name</i>               |                            | <br><i>Signature</i> |                                 |
|   |  |                            | CEO<br><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                       |                |
| _____<br><i>Typed/printed name</i> |            | _____<br><i>Signature</i> |                |
|                                    |            | _____<br><i>Title</i>     |                |

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

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

**Use additional sheets or copy form for additional properties**