



# Development Application

Case no. **CASE FILE #PL201600215**

## 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 Airport Zoning Permit

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

Property address  
8170 31st Avenue South, Bloomington, MN 55425

Common name  
HealthPartners Expansion

Business address

PIN  
01-027-24-14 0016

Lot  
Outlot A

Block

Plat name  
BLOOMINGTON CENTRAL STATION 2nd ADD

## Proposal Full documentation must accompany application

Major revision to the Final Development Plan for Bloomington Central Station for HealthPartners Expansion, Preliminary and Final Plat for BLOOMINGTON CENTRAL STATION 5TH ADDITION, and an Airport Zoning Permit.

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

### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>	Owner name per property title Bloomington Central Station LLC c/o McGough Development		E-mail mfabel@mcgough	
	Mailing address 2737 Fairview Avenue North		City St. Paul	State MN
	Business address same		City	State Zip
	Daytime phone (651) 248-3024		Cell phone (651) 248-3024	FAX (651) 633-5673
	Mark Fabel <i>Typed/printed name</i>		<i>Signature</i>	Exec. Vice President - Dev. <i>Title</i>

### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	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>

**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)

**Development Application**

Case no \_\_\_\_\_

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

<b>Additional parties</b>					
<input type="checkbox"/> <b>Primary contact</b>	Business name/name Kimley-Horn and Associates, Inc. / Thomas J. Lincoln, PE			E-mail tom.lincoln@kimley-horn.com	
	Mailing address 2550 University Avenue West, Suite 238N		City St. Paul	State MN	Zip 55114
	Business address same		City	State	Zip
	Daytime phone 651-643-0453	Cell phone 612-281-6194	FAX		
	Thomas J. Lincoln <i>Typed/printed name</i>		 <i>Signature</i>		Senior Project Manager <i>Title</i>

<b>Additional fee property owners and addresses</b>				
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**