

Case no.

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 Parking Ramp

Business address

PIN
01-027-24-14-0016

Lot
Outlot A

Block

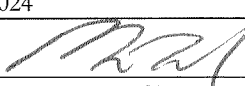
Plat name
BLOOMINGTON CENTRAL STATION 2nd ADD

Proposal Full documentation must accompany application

Airport Zoning Permit for mobile cranes to erect the BCS HealthPartners Parking Ramp.

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

Fee property owner

<input type="checkbox"/> Primary contact	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	Zip 55113
<input type="checkbox"/> Additional owners on Back	Business address same	City	State	Zip
	Daytime phone (651) 248-3024	Cell phone (651) 248-3024	FAX (651) 633-5673	
Mark Fabel				Exec. Vice President - Dev.
Typed/printed name		Signature		Title

User/occupant

<input type="checkbox"/> Primary contact	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

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

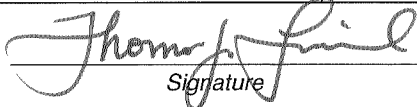
PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

Development Application

Case no. _____

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

Additional parties					
<input type="checkbox"/> Primary contact	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>

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