



Development Application

Case no. PL202000114 PL2020-114

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 **USD**

Site location ☐ Additional addresses on back ☐ Legal description attached

Property address **1801 W 80TH 1/2 ST, BLOOMINGTON, MN 55431** Common name **DISTRICT**
Business address

PIN Lot **1** Block **2** Plat name **KNOX AMERICAN ADDITION**

Proposal Full documentation must accompany application

(2) 35 sq ft cabinets at the North East and North West corners of the main buildings

(1) 15.6 sq ft cabinet on the North East corner of the building on the corner of Morgan Ave S and West 80-1/2" st

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title Knox and American I LLC		E-mail rdunlay@stuartco.com	
	Mailing address 1000 West 80th Street		City Bloomington	State MN Zip 55420
	Business address 1000 West 80th Street		City Bloomington	State MN Zip 55420
	Daytime phone (952) 948-9500		Cell phone	FAX (952) 346-7046
	Typed/printed name Ryan Dunlay		Signature	Title Vice President

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Same as Fee property owner		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

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

Additional parties					
<input type="checkbox"/> Primary contact	Business name/name SIGNATION SIGN GROUP			E-mail justin@ssgix.com	
	Mailing address		City	State	Zip
	Business address 6840 SHINGLE CREEK PARKWAY		City BROOKLYN CENTER	State MN	Zip 55430
	Daytime phone	Cell phone 715-529-0011	FAX		
	JUSTIN SLINGSBY <i>Typed/printed name</i>		 <i>Signature</i>		LEAD DESIGN PROJECT MANAGEMENT <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		
<div><div></div><div></div><div></div></div> <div><i>Typed/printed name</i><i>Signature</i><i>Title</i></div>					
Business name/name			E-mail		
Mailing address		City	State	Zip	
Business address		City	State	Zip	
Daytime phone	Cell phone		FAX		
<div><div></div><div></div><div></div></div> <div><i>Typed/printed name</i><i>Signature</i><i>Title</i></div>					
Business name/name			E-mail		
Mailing address		City	State	Zip	
Business address		City	State	Zip	
Daytime phone	Cell phone		FAX		
<div><div></div><div></div><div></div></div> <div><i>Typed/printed name</i><i>Signature</i><i>Title</i></div>					

Use additional sheets or copy form for additional properties