

Case no.

CASE #PL2020-69

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 _____

Site location ■ Additional addresses on back ■ Legal description attached

Property address
1900 86th Street East

Common name
Village Club of Bloomington

Business address
901 N 3rd Street, Suite 150, Minneapolis, MN 55401

PIN
0102724330009

Lot
001

Block
001


Plat name
Versailles 2nd Addn

Proposal Full documentation must accompany application

Please see the attached narrative and plan sets.


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

Fee property owner

<input type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title Aeon VP Bloomington LLC		E-mail lroering@aeon.org	
	Mailing address 901 N 3rd Street, Suite 150	City Minneapolis	State MN	Zip 55401
	Business address 901 N 3rd Street, Suite 150	City Minneapolis	State MN	Zip 55401
	Daytime phone 612-746-4853	Cell phone 612-708-0915	FAX N/A	
	Leslie Roering _____ Typed/printed name		 _____ Signature	

Senior Real Estate Developer
Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Aeon/Leslie Roering		E-mail lroering@aeon.org	
	Mailing address 901 N 3rd Street, Suite 150	City Minneapolis	State MN	Zip 55401
	Business address 901 N 3rd Street, Suite 150	City Minneapolis	State MN	Zip 55401
	Daytime phone 612-746-4853	Cell phone 612-708-0915	FAX N/A	
	Leslie Roering _____ Typed/printed name		 _____ Signature	

Senior Real Estate Developer
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

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

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>Typed/printed name Signature Title</div>			

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

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

Use additional sheets or copy form for additional properties