

## 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 7801 Computer Ave		Common name Seagate Technology Inc.	
Business address 7801 Computer Ave, Bloomington, MN 55435			
PIN 0602724220015	Lot 2	Block	Plat name SFAGATE 2ND ADDITION

## Proposal Full documentation must accompany application

Addition of a four story, 600 stall Precast Parking Ramp, stormwater management features, and site improvement to existing Seagate campus.

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

### Fee property owner

<input type="checkbox"/> Primary contact  <input checked="" type="checkbox"/> Additional owners on Back	Owner name per property title SEAGATE TECHNOLOGY INC		E-mail martin.l.leppert@seagate.com	
	Mailing address 7801 Computer Ave	City Bloomington	State MN	Zip 55435
	Business address 7801 Computer Ave	City Bloomington	State MN	Zip 55435
	Daytime phone 952-402-8390	Cell phone 612-723-8721	FAX	
	Martin Leppert <i>Typed/printed name</i>		 <i>Signature</i>	
		Facilities Staff Engineer		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	
	_____ <i>Typed/printed name</i>		_____ <i>Signature</i>	
		Manager		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 _____	

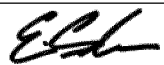
### Community Development

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)

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

<b>Additional parties</b>					
<b>X Primary contact</b>	Business name/name BWBR			E-mail esahnow@bwbr.com	
	Mailing address 380 Saint Peter Street, Suite 600		City Saint Paul	State MN	Zip 55102
	Business address 380 Saint Peter Street, Suite 600		City Saint Paul	State MN	Zip 55102
	Daytime phone 763.670.7253	Cell phone 763.670.7253	FAX		
	Eric Sahnow <i>Typed/printed name</i>		 <i>Signature</i>	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**