



# Development Application

Case no. PL2020-102 PL202000102

## 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  
3700 American Boulevard East

Common name

Business address

PIN  
06-027-23-21-0012

Lot  
001

Block  
001

Plat name  
International Airport Park 5th Addition

## Proposal Full documentation must accompany application

See Attached

## 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		E-mail	
	Mailing address		City	State Zip
	Business address		City	State Zip
	Daytime phone	Cell phone	FAX	
	Typed/printed name		Signature Title	

<input type="checkbox"/> <b>Additional owners on Back</b>	Mailing address		City	State Zip
	Business address		City	State Zip
	Daytime phone	Cell phone	FAX	
	Typed/printed name		Signature Title	

### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name		E-mail	
	Rosa Development Company, LLP			
	Mailing address		City	State Zip
	334 NE 1st Avenue		Del Ray Beach	FL 33444
	Business address		City	State Zip
Same		Same	Same	Same
Daytime phone		Cell phone	FAX	
561-392-7777			561-392-9900	
Kristin Muir		Signature		Title
Typed/printed name				

**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

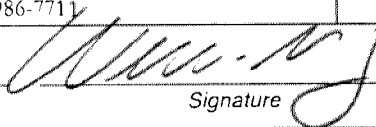
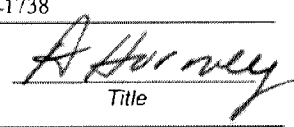
E-MAIL [planning@ci.bloomington.mn.us](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)



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**Complete all applicable sections — Select only ONE person as primary contact****Additional parties**☐ **Primary contact**

Business name/name Larkin Hoffman / William C. Griffith		E-mail wgriffith@larkinhoffman.com	
Mailing address 8300 Norman Center Drive, Suite 1000	City Minneapolis	State MN	Zip 55437
Business address Same	City Same	State Same	Zip Same
Daytime phone 952-896-3290	Cell phone 612-986-7711	FAX 952-842-1738	
William C. Griffith <i>Typed/printed name</i>		 <i>Signature</i>	
		 <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 952-842-1738	
<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**