



Development Application

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 _____

Site location ■ Additional addresses on back ■ Legal description attached

 Property address
 6301 Cecilia Circle Bloomington, MN

Common name

Business address

 PIN
 17-116-21-12-0006

 Lot
 007

 Block
 001

 Plat name
 Nine Mile West 2nd Addition

Proposal Full documentation must accompany application

Add demising walls in an approved church use space that will be wide open for personal training in 4,249 square feet from 11, 261 SF

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Engelsma Limited Partnership		E-mail jamie.nagel@krausanderson.com	
	Mailing address 501 South 8th Street	City Minneapolis	State MN	Zip 55404
<input type="checkbox"/> Additional owners on Back	Business address 501 South 8th Street	City Minneapolis	State MN	Zip 55404
	Daytime phone 612.332.7281	Cell phone	FAX	
	Typed/printed name Jamie Nagel		Signature <i>Jamie Nagel</i> 10/1/2020 2:21:19 PM	
		Sr. Property Manager		Title

User/occupant

<input type="checkbox"/> Primary contact	Business name/name BeyondPT, LLC		E-mail beyondpt@gmail.com	
	Mailing address 4386 Dakota St SE	City Prior Lake	State MN	Zip 55372
	Business address 4286 Dakota St SE	City Prior Lake	State MN	Zip 55372
	Daytime phone	Cell phone 651-315-3094	FAX	
	Typed/printed name Robyn Ringberg		Signature <i>Robyn Ringberg</i> 9/30/2020 8:41:37 PM	
		owner		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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Complete all applicable sections — Select only ONE person as primary contact**Additional parties**

<input type="checkbox"/> Primary contact	Business name/name D.J. Andersen		E-mail daniel@andersendev.com	
	Mailing address 3540 Montgomerie Ave	City Deephaven	State MN	Zip 55391
	Business address	City	State	Zip
	Daytime phone 612-812-3324	Cell phone	FAX	
	Daniel Andersen <i>Typed/printed name</i>		 <i>Signature</i>	
		Westwood Rep <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