



Development Application

Case no. PL2020-232
PL202000232

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 New Uniform Sign Design

Site location Additional addresses on back Legal description attached

Property address 600 West 98th Street		Common name Oxboro Medical Building	
Business address Same as above.			
PIN PID - 1502724230069	Lot 1	Block 1	Plat name

Proposal Full documentation must accompany application

We are proposing a new Uniform Sign Design for this building.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Fairview Health Services		E-mail sbirkel1@fairview.org	
	Mailing address 9555 James Avenue South	City Bloomington	State MN	Zip 55431
<input type="checkbox"/> Additional owners on Back	Business address Same as above.		State	Zip
	Daytime phone 612-308-1990	Cell phone	FAX	
Sarah Birkel <i>Typed/printed name</i>		Sarah Birkel <i>Signature</i>		Marketing Manager <i>Title</i>

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name		E-mail	
	Mailing address	City	State	Zip
<input type="checkbox"/> Additional owners on Back	Business address		State	Zip
	Daytime phone	Cell phone	FAX	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>		_____ <i>Title</i>

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

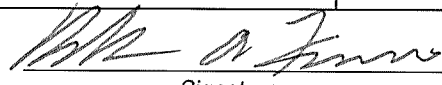
Received:	Date	By
Reviewed:	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date	\$
<input type="checkbox"/> Admin. approval:	Date	By
	<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager	
<input type="checkbox"/> Other _____		

Development Application

Case no. PL2020-232
PL202000232

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

Additional parties

<input checked="" type="checkbox"/> Primary contact	Business name/name Spectrum Sign Systems, Inc. / Rick Ferraro		E-mail rick@spectrum-signs.com	
	Mailing address 8786 West 35W Service Drive NE	City Blaine	State MN	Zip 55449
	Business address Same as above.	City	State	Zip
	Daytime phone 763-703-5825	Cell phone	FAX	
	Rick Ferraro			
	<i>Typed/printed name</i>		<i>Signature</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