



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		
<input type="checkbox"/> Additional owners on Back	Mailing address 9555 James Avenue South		City Bloomington	State MN	Zip 55431
	Business address Same as above.		City	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
	Business address		City	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 _____	

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

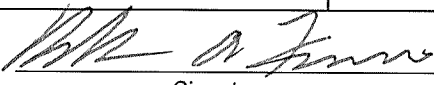
E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

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

<input 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				President
	Typed/printed name		Signature		Title

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

Use additional sheets or copy form for additional properties