

Development Application

Case no.

CASE #PL2020-190

| | | | Type of a | pplication | | | | | | |
|---|-------------------------------------|--|-------------|---|---------------------------|--|-----------------------------|-------------------------|----------------|--|
| ✓ Standard | Staff approval | ☐ Hearing Exa | aminer | Plan Revi | sion | Amende | d 🗌 Re | eapplicatio | า | |
| Rezoning Preliminary [Final Develo | Development Plan 🔲 li | Conditional Use F nterim Use Perm Final Site and Bui | it | ☐ Variand☐ Compre☐ Other _ | e ehensive Pla | ın Amendr | | Ordinance Subdivisio | Amendment n | |
| | | n Addition | al addresse | es on back | Legal de | escription | attached | | | |
| Property address 10520 FRANCE AVE S, BLOOMINGTON, MN 55431 | | | | Common name Valley West Shopping Center | | | | | | |
| Business addres | SS | | | | | | | | | |
| PIN Lot 1902724410029 | | | | Block Plat name | | | | | | |
| | Pro | posal Full do | ocumentatio | on must acc | ompany ap | plication | | | | |
| C 4!4!1 | | 1 1 4 | | :!1 | : | | . 1 | , • | | |
| onaitional us | se permit for a drive t | nrougn restur | ant in an e | exisiting sno | opping ce | nter. and | outdoor s | eating | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Complete all | applicable sed | ctions — S | elect only O | NE person | as primar | y contact | | • • • | |
| | | F | ee prope | erty owne | 7 | | | | | |
| ✓ Primary contact Additional owners on Back | Owner name per property title | | | | | | E-mail | | | |
| | Osborne Properties | | | | | | tim.marco@krausanderson.com | | | |
| | Mailing address 501 S 8th St | | | City Minneapolis | | | State Zip 55404 | | | |
| | Business address | | | City | | | State Zip | | | |
| | Daytime phone Cell phone 262-391-56 | | | FAX | | | | | | |
| | Tim Marco | | | Tim Marco Director of Development | | | | | | |
| | Typed/printed name | | | | Signature | | Title | | | |
| | | | User/o | ccupant | | | | | | |
| Primary contact | Business name/name | | | | E-mail | | | | | |
| | Mailing address | | | City | | | State | tate Zip | | |
| | Business address | | City | | | State | Zip | | | |
| | Daytime phone Cell phone | | | | FAX | FAX | | | | |
| | | | | | | | | | | |
| | Typed/printed name | | | Signature | | | | Title | | |
| NOTE: Applic | ations only accepted wit | | support | | | areas are | e for office | use only | | |
| documents. See Instructions. Deadline for agency action | | | | Received: | eviewed: Date By DC DC HE | | | | | |
| 60 Days: 120 Days | | | Fee paid: | | Date \$ | | | | | |
| - | | | □ Admin. | Date | | | | | | |
| Planner DRC | | | | approval: | | ☐ Comm. Dev't Dir. ☐ Planning Div. Manager | | | | |
| | | | | | | □ Other | | | | |
| Community | | ning and Econom W. Old Shakope | | | -563-8920 -563-8949 | E-MAIL | planning@o | | ıton.mn.us | |

Bloomington MN 55431-3027

TTY 952-563-8740

web_52_001 pg1 of __ (07/09)