



CITY OF
BLOOMINGTON
MINNESOTA

Development Application

Case no.

PL202000230

PL2020-230

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 Common name
6301 Cecilia Circle Westwood Church Building

Business address

PIN Lot Block Plat name
17-116--21-12-0006 1 7 Nine Mile West 2nd Addition

Proposal Full documentation must accompany application

Conditional Use Permit for a 7,241 square foot Health Club in an existing office/warehouse space.

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
	Business address	City	State	Zip
	Daytime phone 612-332-7281	Cell phone 612 720 5005	FAX	
	Typed/printed name JAMIE NAGEL CARLSON		Signature 	

SR. PROJ. MGR
Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name JSAW		E-mail jonnynelson@jsaw.org	
	Mailing address 7385 Bush Lake Rd.	City Edina	State MN	Zip 55439
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	Typed/printed name Jonny Nelson		Signature 	

Executive Director
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

Development ApplicationCase no. **PL202000230****PL2020-230****Complete all applicable sections – Select only ONE person as primary contact****Additional parties**☒ **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	
<div> <div>Daniel Anderson</div> <div>Typed/printed name</div> </div> <div> <div></div> <div>Signature</div> </div> <div> <div></div> <div>Title</div> </div>			

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	
<div> <div></div> <div>Typed/printed name</div> </div> <div> <div></div> <div>Signature</div> </div> <div> <div></div> <div>Title</div> </div>			
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Use additional sheets or copy form for additional properties