



# Development Application

Case no.

CASE #PL2021-103

**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 Uniform Sign design

**Site location ■ Additional addresses on back ■ Legal description attached**Property address  
715 E 78th StCommon name  
WalMartBusiness address  
715 E 78th st

PIN

Lot

Block

Plat name

**Proposal Full documentation must accompany application**

Hang an exterior Subway sign

**Complete all applicable sections — Select only ONE person as primary contact****Fee property owner**

<input type="checkbox"/> <b>Primary contact</b>	Owner name per property title <u>Walmart</u>		E-mail <u>Corporate. walmart.com</u>	
	Mailing address <u>702 SW 8th St</u>	City <u>Bentonville</u>	State <u>AR</u>	Zip <u>72716</u>
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address		City	State Zip
	Daytime phone <u>479-273-4000</u>		Cell phone	FAX
<u>Br. in King</u> Typed/printed name		<u>King</u> Signature	Owner <u>Sharon Mgr</u> Title	

**User/occupant**

<input type="checkbox"/> <b>Primary contact</b>	Business name/name <u>Subway</u>		E-mail <u>aarmstrong@asisubway.com</u>	
	Mailing address <u>3960 Painted Sky Tr</u>	City <u>Chaska</u>	State <u>MN</u>	Zip <u>55318</u>
	Business address <u>715 E 78th St</u>		City <u>Bloomington</u>	State <u>MN</u> Zip <u>55420</u>
	Daytime phone		Cell phone <u>612-999-4233</u>	FAX <u>952-949-2393</u>
<u>Adam Armstrong</u> Typed/printed name		<u>[Signature]</u> Signature	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 55431-3027PH 952-563-8920  
FAX 952-563-8949  
TTY 952-563-8740E-MAIL [planning@ci.bloomington.mn.us](mailto:planning@ci.bloomington.mn.us)  
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