

## 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  
2501, 2601, 2701 American Blvd. E. & 2600 Lindau Ln.

Common name

Business address

PIN Lot Block Plat name

## Proposal Full documentation must accompany application

SICK Technology Campus - Rezoning, Preliminary and Final Development Plan, Preliminary and Final Plat, and Platting Variance for a multi-phase technology campus.

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

### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>  <input type="checkbox"/> <b>Additional owners on Back</b>	Owner name per property title Bloomington Port Authority		E-mail srudlang@bloomingtonmn.gov		
	Mailing address 1800 W. Old Shakopee Rd	City Bloomington	State MN	Zip 55431	
	Business address Same	City	State	Zip	
	Daytime phone 952.563.4861	Cell phone	FAX		
	Schane Rudlang		Port Authority Authority		
	Typed/printed name		Signature		Title

### User/occupant

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name SICK Product & Competence Center Americas, LLC		E-mail dave.mcginity@sick.com		
	Mailing address 6900 W. 110th St.	City Bloomington	State MN	Zip 55438	
	Business address	City	State	Zip	
	Daytime phone 952.829.4885	Cell phone 612.391.1928	FAX		
	Dave McGinty		Facilities Manager		
	Typed/printed name		Signature		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	

**Development Application**Case no. **PL202100044****Complete all applicable sections -- Select only ONE person as primary contact****Additional parties**

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Mike Berg - Clow Berg		E-mail mberg@clowberg.com	
	Mailing address 9800 Bren Road E, Suite 290	City Hopkins	State MN	Zip 55343
	Business address	City	State	Zip
	Daytime phone 612.345.2559	Cell phone	FAX	
	Mike Berg		Architect	
	Typed/printed name		Signature	
		Title		

**Additional fee property owners and addresses**

Business name/name David Wood - Ancoats	E-mail david.wood@ancoats.com		
Mailing address 9800 Bren Rd E, Suite 290	City Minnetonka	State MN	Zip 55343
Business address	City	State	Zip
Daytime phone 612.968.2322	Cell phone	FAX	
David Wood	Director		
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**