CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. PL202100044

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

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

☐ *Primary contact*

☐ *Additional owners on Back*

Owner name per property title			E-mail
Bloomington Port Authority			srudlang@bloomingtonmn
Mailing address	**City**	**State**	**Zip**
1800 W. Old Shakopee Rd	Bloomington	MN	55431
Business address	**City**	**State**	**Zip**
Same			
Daytime phone	**Cell phone**	**FAX**	
952.563.4861			

Schane Rudlang — *Typed/printed name* | _____ — *Signature* | Port Authority A — *Title*

User/occupant

☑ *Primary contact*

Business name/name			E-mail
SICK Product & Competence Center Americas, LLC			dave.mcginty@sick.com
Mailing address	**City**	**State**	**Zip**
6900 W. 110th St.	Bloomington	MN	55438
Business address	**City**	**State**	**Zip**
Daytime phone	**Cell phone**	**FAX**	
952.829.4885	612.391.1928		

Dave McGinty — *Typed/printed name* | — *Signature* | Facilities Manag — *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 ☐ PC ☐ CC ☐ HE
Fee paid:	Date	$
☐ **Admin. approval:**	Date	By
	☐ Comm. Dev't Dir.	☐ Planning Div. Manager
	☐ Other _____	

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Additional parties

☑ *Primary contact*

Business name/name			E-mail
Mike Berg - Clow Berg			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 (*Typed/printed name*) _____ (*Signature*) Architect (*Title*)

Additional fee property owners and addresses

Business name/name			E-mail
David Wood - Ancoats			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 (*Typed/printed name*) _____ (*Signature*) Director (*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