



CITY OF  
**BLOOMINGTON**  
MINNESOTA

CASE #PL2021-42

# Development Application

Case no. PL 202100042

## 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

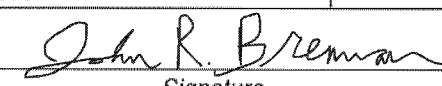
Property address 4401 & 4217 American Boulevard West		Common name Walser Toyota/former Sencer's Restaurant	
Business address 4401 American Boulevard West			
PIN	Lot 1 (both)	Block 1 (both)	Plat name PaWalser Addn & France 494 4th Addn

## Proposal Full documentation must accompany application

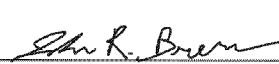
Comprehensive Plan amendment from Community Commercial to Regional Commercial; Rezone (4217) from CS-0.5 (PD) to C-1(PD); Preliminary and Final Development plan to expand an existing automobile dealership with new dealership and three story parking ramp; and a Preliminary and Final Plat to combine two lots into one lot at 4401 & 4217 American Boulevard West.

## 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 Walser Real Estate IV (both lots) / Walser Automotive Group		E-mail jbrennan@walser.com	
	Mailing address 7700 France Ave South, Suite 410 N	City Edina	State MN	Zip
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address Same		State	Zip
	Daytime phone 952-653-3575	Cell phone 612-382-0376	FAX	
John R. Brennan Typed/printed name		 Signature		Senior Vice President Title

### User/occupant

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Walser Toyota / Walser Automotive Group		E-mail jbrennan@walser.com	
	Mailing address 7700 France Ave South, Suite 410N	City Edina	State MN	Zip 55435
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address 4401 American Boulevard West		State MN	Zip 55437
	Daytime phone 612-616-2571	Cell phone 612-616-2571	FAX	
John R. Brennan Typed/printed name		 Signature		Senior VP 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 Application**Case no. PL 202100042**Complete all applicable sections — Select only ONE person as primary contact****Additional parties**

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name PHILLIPS Architects & Contractors, Ltd.		E-mail dphillips@phillipsarchitects.com	
	Mailing address 401 North Third Street, Suite 450	City Minneapolis	State MN	Zip 55401
	Business address same	City	State	Zip
	Daytime phone 612-868-1261	Cell phone 612-868-1261	FAX	
	David A Phillips		President	
	Typed/printed name		Signature	

**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	
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**