



# Development Application

Case no. \_\_\_\_\_

**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  
9728 Lyndale Avenue S, Bloomington, MN 55420Common name  
Clover Shopping Center

Business address \_\_\_\_\_

PIN  
1602724140003

Lot      Block

Plat name  
Unplatted 16 027 24**Proposal Full documentation must accompany application**

Proposed redevelopment of west half of the existing Clover Shopping Center to include an approximately 22k SF grocer, adjacent 1,800 SF retail space, and accompanying utilities, stormwater management, landscaping, and parking.

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

<input checked="" type="checkbox"/> <b>Primary contact</b>	Owner name per property title Kraus-Anderson Development		E-mail tim.marco@krausanderson.com	
	Mailing address 501 South Eighth St	City Minneapolis	State MN	Zip 55404
	Business address Same as mailing address	City	State	Zip
	Daytime phone 612-336-6410	Cell phone 262-391-5604	FAX	
	Tim Marco <i>Typed/printed name</i>		Tim Marco <i>Signature</i>	

**User/occupant**

<input type="checkbox"/> <b>Primary contact</b>	Business name/name Lakewinds Food Co-op		E-mail DaleW@lakewinds.com	
	Mailing address 435 Pond Promenade	City Chanhassen	State MN	Zip 55317
	Business address Same as mailing address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	Dale Woodbeck <i>Typed/printed name</i>		Dale Woodbeck <i>Signature</i>	

**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.  
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