



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 55420 Common 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

Primary contact

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 *Tim Marco* Director of Development
 Typed/printed name Signature Title

User/occupant

Primary contact

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 *Dale Woodbeck* General 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 PC CC HE

Fee paid: Date _____ \$ _____

Admin. approval: Date _____ By _____
 Comm. Dev't Dir. Planning Div. Manager
 Other _____

Community Development

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