

Development Application

web_52_001 pg1 of ___ (07/09)

Case no.

CASE #PL2021-226

			Type of a	oplication						
Standard		☐ Hearing E.	xaminer [☐ Plan Revisio	on 🗆	Amended	□Re	applicatio	'n	
☐ Rezoning ☐ Preliminary D ☑ Final Develop	evelopment Plan oment Plan	Conditional Use Interim Use Peri Final Site and B	mit	☐ Variance ☐ Compreh ☐ Other	ensive Plar	Amendme	ACCOUNTS	Ordinance Subdivisio		dment
	Site lo	cation II Additio	nal addresse	s on back	Legal des	scription a	ittached	***************************************		
Property address 3200 East 81st Sta	}				Common					
Business addres Bloomington, MN			TEL MEMOREL TO ANTONIO		I ha				***************************************	
PIN 0602723230645/0	0602723230641	1	_ot	Block	Plat name Blooming		l Station 3re	d Additio	n	ETHICE INTO A GOOD BY ZOO HANDANIA MARKET
. 5		Proposal Full o	locumentatio	n must accor	npany app	lication				
Final Developn	nent Plan for BC	CS Hyatt Regency	Parking Im	provements	at Bloom	ington C	entral Sta	tion.		***************************************
			вомникованского поменти на гламителения прида						T	
ACAD MARKET COMMISSION OF THE STATE OF THE S			Harver and the second							
	Comple	te all applicable se	ections — S	elect only ON	E person a	s primary	contact			
			Fee prope	rty owner						-
Primary	Owner name per p	property title					E-mail			
contact	Hotel Bloomington 3200 E 81st, LLC c/o Schulte I			Hospitality Group, Inc.			darryljr@schultehospitality.com			
✓ Additional owners on Back	Mailing address 2000 High Wickham Place Suite 300			City Louisville			State Zip KY 40245			
	Business address			City			State Zip			PARAMETER SERVICE SERV
	Daytime phone (502) 489-3737		Cell phone (502) 500-23	352		FAX (w.s			
	Darryl D. Schul	lte Ir.			/	/ .	Ch	irman an	d CEC)
		ped/printed name	***************************************		Signature			Tit/		
		-	User/oc	cupant						
	Business name/n	ame					E-mail			
✓ Primary contact	Bloomington Central Station, LLC c/o McGough D			Pevelopment			mfabel@mcgough.com			
comact	Mailing address			City			State	Zip		
	2737 Fairview Av		***************************************	St. Paul			MN	55113		
	Business address	\$		City			State	Zip		
	Daytime phone (651) 634-4687		Cell phone (651) 248-3	3024		FAX (651) 633-56	73		
	7. 7. 1. 17. 1. 1	IN HANDLESS CONTRACTOR IN THE RESIDENCE OF THE STATE OF T	er den er		**************************************		-q, -q-	rn r	1	
	Mark Fabel Typ	ped/printed name		<u> </u>	Signature		12.1	TP - Deve Titl	CONTRACTOR OF THE PROPERTY OF	III.
NOTE: Applica	ations only accept	ed with ALL require	d support		Shaded a	reas are	for office t	ıse oniv		
	documents. See	Instructions.		Received:	Date		Ву			
Deadline for agency action			Reviewed:	Date		By □PC] HE		
60 Days:	12	20 Days		Fee paid:	Date	(\$			
Planner		RC		☐ Admin. approval:	Date		Ву			
				Indian against		ı. Dev't Dir	∵ □ Pla	inning Div	/. Mana	ıger
	Darrate	Diamine and Car	min Carr	DU OFOE	Other	P∞ AAAH	lane!	lale		
Community I	Development	Planning and Econo 1800 W. Old Shakop Bloomington MN 5	oee Road	FAX 952-5	63-8920 63-8949 63-8740		lanning@c comington.		_	

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

	1. 沙里拉克,"你,你没有一定的一定。"	Additiona	l parties	131602552	100	(4)	Mark Barge		
Primary contact	Business name/name						E-mail		
	Kimley-Horn and Associates, Inc.		tom.lincoln@kimley-horn.com						
	Mailing address	City			State	Zip			
	767 Eustis Street		St. Paul	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MN	55114		
	Business address	City			State	Zip			
	Daytime phone (651) 643-0453	FAX			 				
	(651) 643-0453 (612) 281-6194 (651) 633-5673								
	Thomas J. Lincoln Sr. Project Mana								
	Typed/printed name Signature Title								
	Additional fee property owners and addresses								
	Business name/name				E-mail				
	BCS GD West, LLC c/o McGough D				mfabel@	mcgough.com			
	Mailing address		City			State	Zip		
	2737 Fairview Avenue North		St. Paul			MN	55113		
	Business address		City			State	Zip		
	Daytime phone	Cell phone			FAX				
	(651) 634-4687	024			51) 633-56	73			
	Mark Fabel	-	Mark Fabel			VP - Development			
	Typed/printed name		-SVEP\$4404052E48C			Title			
	Business name/name						E-mail		
	Mailing address	City			State Zip				
	Business address	City			State	Zip			
	Danies acares		-			Otato	- P		
	Daytime phone Cell phone		FAX						
	Typed/printed name	Signature			Title				
	Business name/name	alahan keke persis an an ana ana ana ana ana ana ana ana 			E-mail				
	Mailing address	City			State	Zip			
	Business address	City			State	Zip			
	Daytime phone	FAX			L				

Use additional sheets or copy form for additional properties