

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
314 W 90th Street, Bloomington, MN 55420

Common name
Thermo King

Business address
Same


PIN	Lot	Block	Plat name
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Proposal Full documentation must accompany application

Thermo King is reinvesting in their existing building and we are updating a number of the office areas and bringing in new stairwells and egress paths to enhance the safety of the building as part of that we are removing the old entrance/canopy and replacing it with a new modern one.

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

Fee property owner

<input type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title Thermo King - Owner's Representative: Mike Prestine		E-mail mike.prestine@tranetechnologies.com		
	Mailing address 314 W 90th Street	City Bloomington	State MN	Zip 55420	
	Business address	City	State	Zip	
	Daytime phone	Cell phone 651.262.8210	FAX		
	Mike Prestine <i>Typed/printed name</i>		 <i>Signature</i>		
		Project Manager		<i>Title</i>	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Same as above		E-mail	
	Mailing address	City	State	Zip
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	<i>Typed/printed name</i>		<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.
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

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

Additional parties

<input checked="" type="checkbox"/> Primary contact	Business name/name KOMA; Architect; Kevin Dummer		E-mail kdummer@komainc.com	
	Mailing address 2051 Killebrew Drive, Suite 680	City Bloomington	State MN	Zip 55425
	Business address same	City	State	Zip
	Daytime phone 651-789-4136	Cell phone	FAX	
	<div> <div> Kevin Dummer Typed/printed name </div> <div>  Signature </div> <div> Associate Principal Architect Title </div> </div>			

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	
<hr/> <div>Typed/printed nameSignatureTitle</div>					
Business name/name				E-mail	
Mailing address		City		State	Zip
Business address		City		State	Zip
Daytime phone		Cell phone		FAX	
<hr/> <div>Typed/printed nameSignatureTitle</div>					
Business name/name				E-mail	
Mailing address		City		State	Zip
Business address		City		State	Zip
Daytime phone		Cell phone		FAX	
<hr/> <div>Typed/printed nameSignatureTitle</div>					

Use additional sheets or copy form for additional properties