

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 4201 West 84th Street, Bloomington, MN 55437		Common name Bloomington Fire Station #4	
Business address 4201 West 84th Street, Bloomington, MN 55437			
PIN 0602724440025	Lot 001	Block 001	Plat name Southdell 7th Addition

Proposal Full documentation must accompany application

Reconstruction of fire station. See narrative for full description of project.

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title City of Bloomington		E-mail dwilliams@bloomingtonmn.gov	
	Mailing address 1800 W Old Shakopee Road		City Bloomington	State MN
	Business address 1800 W Old Shakopee Road		City Bloomington	State MN
	Daytime phone 952-563-4535		Cell phone	FAX
	Deb Williams Typed/printed name		Deb Williams Signature	
			Assistant Maint. Superintendent Title	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Bloomington Fire Department		E-mail	
	Mailing address 10 W 95th Street		City Bloomington	State MN
	Business address 10 W 95th Street		City Bloomington	State MN
	Daytime phone 952-563-4801		Cell phone	FAX
	Ulie Seal Typed/printed name		Ulie Seal Signature	
			Fire Chief 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

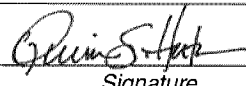
PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

Development Application

Case no. _____

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

Additional parties					
<input type="checkbox"/> Primary contact	Business name/name CNH Architects			E-mail	
	Mailing address 7300 W 147th Street, Suite 504		City Apple Valley	State MN	Zip 55124
	Business address 7300 W 147th Street, Suite 504		City Apple Valley	State MN	Zip 55124
	Daytime phone 952-431-4433	Cell phone	FAX		
	Quinn Hutson				Principal
	Typed/printed name		Signature		Title

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