



# Development Application

Case no. PL202200054 PL2022-54

## 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  
200 W. 98th Street

Common name

Business address

PIN  
15-027-24-24-0027

Lot  
2

Block  
1

Plat name  
Mattson Addition

## Proposal Full documentation must accompany application

See Narrative document included in the submittal.

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

### Fee property owner

☒ **Primary contact**    Owner name per property title RON NOVAK    E-mail rnovak@AVSLC.biz

**Additional owners on Back**    Mailing address 269 Cimarron Road    City Apple Valley    State MN    Zip 55124

Business address 200 West 98th Street, Suite 101    City Bloomington    State MN    Zip 55420

Daytime phone \_\_\_\_\_    Cell phone 612-272-7301    FAX \_\_\_\_\_

RON J. NOVAK    Ron Novak    Chief Manager  
Typed/printed name    Signature    Title

### User/occupant

☒ **Primary contact**    Business name/name Tommy's Express Car Wash - Christianson Companies    E-mail tanner@christiansoncompanies.com

Mailing address 4609 33rd Avenue S, Suite 400    City Fargo    State ND    Zip 58104

Business address \_\_\_\_\_    City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Daytime phone 701-499-3936    Cell phone \_\_\_\_\_    FAX \_\_\_\_\_

Tanner Brandt    T Brandt    \_\_\_\_\_  
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

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](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

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Additional parties					
Primary contact	Business name/name			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	<div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div>				

Additional fee property owners and addresses					
	Business name/name <u>Paul King</u>			E-mail <u>paul@jamesmking.com</u>	
	Mailing address <u>10154 Boone Cir</u>		City <u>Bloomington</u>	State <u>MN</u>	Zip <u>55438</u>
	Business address <u>200 W 98th St. #100</u>		City <u>Bloomington</u>	State <u>MN</u>	Zip <u>55420</u>
	Daytime phone <u>952-881-2685</u>	Cell phone	FAX <u>952-881-5286</u>		
	<div> <div><u>Paul King</u> Typed/printed name</div> <div> Signature</div> <div><u>Member</u> Title</div> </div>				
	Business name/name			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	<div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div>				
	Business name/name			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	<div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div>				

Use additional sheets or copy form for additional properties