



CITY OF
BLOOMINGTON
MINNESOTA

Development Application

Case no. PL202200118 PL2022-118

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 FENCE FOR PATIO

Site location Additional addresses on back Legal description attached

Property address: 517 W 98th Street, Bloomington, MN Common name: OXBRO
 Business address:

PIN: _____ Lot: _____ Block: _____ Plat name: _____

Proposal Full documentation must accompany application

Having permanent fence for patio dining. NO NET INCREASE IN OCCUPANCY DUE TO PATIO. INSIDE AND PATIO OCCUPANCY IS LESS THAN 104

(CURRENT LIMIT) Complete all applicable sections - Select only ONE person as primary contact

Fee property owner

Primary contact

Owner name per property title: MICHAEL SWENSON E-mail: SWENSON @ MICHAELDEVELOPMENT

Mailing address: 971 Sibley Memorial Hwy #300 City: Lilydale State: MN Zip: 55118

Business address: 971 Sibley Memorial Hwy #300 City: Lily State: _____ Zip: _____

Daytime phone: 651 698 3452 Cell phone: 612 210 9766 FAX: _____

Typed/printed name: MICHAEL SWENSON Signature: [Signature] Title: owner

User/occupant

Primary contact

Business name/name: SAI FOODS LLC DBA AROMA INDIAN CUISINE E-mail: AROMA INDIAN CUISINE @ GMAIL

Mailing address: 714 BEENTHOOD LN City: BAHAM State: MN Zip: 55123

Business address: 517 W 98th Street City: BLOOMINGTON State: MN Zip: 55420

Daytime phone: 952 479 7154 Cell phone: 214 317 5719 FAX: _____

Typed/printed name: MAVREN NARAYANASAMY Signature: [Signature] Title: 07/01/2022

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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