



# Development Application

Case no. PL202200136 PL2022-136

### 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: 3 & 4 Appletree Square, Bloomington MN 55425      Common name: Crown Plaza Hotel/Aire Apartments

Business address: \_\_\_\_\_

PIN: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plat name: \_\_\_\_\_

### Proposal Full documentation must accompany application

Change redevelopment to convert only floors 8-13 to apartments, previous approval on 5/3/21 was for floors 7-13. New unit count will be 185 Apartments (vs 217) and 178 Hotel Rooms(vs 135). The 44 Affordable unit count approved as part of the original development remains the same.

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

#### Fee property owner

<input checked="" type="checkbox"/> <b>Primary contact</b>	Owner name per property title Bloomington Hotel Ventures, LLC		E-mail carl@kaeding-group.com	
	Mailing address 7900 International Drive, Suite 910	City Bloomington	State MN	Zip 55425
<input checked="" type="checkbox"/> <b>Additional owners on Back</b>	Business address 7900 International Drive, Suite 910		State MN	Zip 55425
	Daytime phone 952-229-4433	Cell phone	FAX 952-229-4434	
Carl Kaeding <i>Typed/printed name</i>		 <i>Signature</i>		Principal <i>Title</i>

#### User/occupant

<input checked="" type="checkbox"/> <b>Primary contact</b>	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>		_____ <i>Title</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

<b>Received:</b>	Date	By
<b>Reviewed:</b>	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
<b>Fee paid:</b>	Date	\$
<input type="checkbox"/> <b>Admin. approval:</b>	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.    PH 952-563-8920    E-MAIL planning@ci.bloomington.mn.us  
 1800 W. Old Shakopee Road    FAX 952-563-8949    www.ci.bloomington.mn.us  
 Bloomington MN 55431-3027    TTY 952-563-8740

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**Additional parties**

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Ron Clark Construction			E-mail mike@ronclark.com	
	Mailing address 7500 78th Street W		City Edina	State MN	Zip 55439
	Business address same		City	State	Zip
	Daytime phone 952-947-3000	Cell phone	FAX 952-947-3030		
	_____ Michael R. Roebuck <i>Typed/printed name</i>		<b>Michael R. Roebuck</b> <i>Signature</i>		Digitally signed by Michael R. Roebuck Date: 2022.06.22 09:17:55 _____ President <i>Title</i>
	_____ <i>Typed/printed name</i>				

**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 952-947-3030		
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>		_____ <i>Title</i>
Business name/name			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>		_____ <i>Title</i>
Business name/name			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>		_____ <i>Title</i>

**Use additional sheets or copy form for additional properties**