

## **Development Application**

web\_52\_001 pg1 of \_\_ (07/09)

Case no.

PL202200183

|   | Type of ap  | plication  |  |  |  |  |
|---|---|--|--|--|--|--|
| Standard  | Staff approval Hearing Examiner   | Plan Revision Amended  | Reapplication  |  |  |  |
| ☐ Rezoning ☑ Preliminary D ☑ Final Develop  | Conditional Use Permit  evelopment Plan Interim Use Permit ment Plan Final Site and Building Plan | ☐ Variance ☐ Comprehensive Plan Amendm ☐ Other   | Ordinance Amendment Subdivision  |  |  |  |
| Property address<br>2325 W 90th   |   | s on back  | attached   |  |  |  |
| Business address<br>2325 W 90th   | <del>"</del>  | момить осня почта домен, в объемы повід то провод за домення почто повід на почто почто почто почто почто почт   | ом в под применения в под применения в на в н  |  |  |  |
| PIN<br>080272441006   | Lot F   | Block   Plat name   1   Winchell's Ad  |  |  |  |  |
|   | Proposal Full documentation   | n must accompany application   |  |  |  |  |
|   | al is to combine the properti   |  |  |  |  |  |
|   |   | ditions will include   |  |  |  |  |
|   | to the west and dining room t ded to the east.  | o the east. Also a   | n outdoor patio  |  |  |  |
|   |   |  |  |  |  |  |
|   | Complete all applicable sections — S<br>Fee prope   |  | ontact   |  |  |  |
| Primary contact   | Owner name per property title Gyropolis   | Investments  | E-mail<br>CCOthegyropolis.com  |  |  |  |
| Additional  | Mailing address 2335 W.90*St.   | City Blooming ton  | State Zip 55431  |  |  |  |
| owners<br>on Back   | Business address 9000 Penn Ave S.   | City Bloomington   | State Zip 55431  |  |  |  |
|   | Daytime phone 957-746-3091 Cell phone   | 952-200-4196 FAX   |  |  |  |  |
|   | Constantine Contdatis Typed/printed name  | Country Cutalists Signature  | Chief Manager Tille  |  |  |  |
| ✓ Primary   | Business name/name  | ccupant  | E-mail   |  |  |  |
| contact   | Mailing address SYROPOLIS ZM  |  | State Zip  |  |  |  |
|   | Business address  | Blooming-ton   | WN 22.431  |  |  |  |
|   | 3325 W. 90 St.  | City Bleomington   | State Zip 55431  |  |  |  |
|   | Daytime phone 953 - 746- 2011 Cell phone  | 952-200-4196 FAX   |  |  |  |  |
|   | Constantine Contolation   | Couth boll   | DRESIDENT  |  |  |  |
|   | Typed/printed name  | Signature  | Tille  |  |  |  |
| NOTE: Applications only accepted with ALL required support documents. See Instructions.  Deadline for agency action |   | AND CONTROL OF THE PROPERTY OF | tor office use only  |  |  |  |
|   |   | Received: Date   |  |  |  |  |
| 60 Dave   | 120 Days  | Reviewed: Date Fee pald: Date  | By PC CC HE  |  |  |  |
| Planner DRC   |   | ☐ Admin. Date  | and excession are the contract and approximate the contract of   |  |  |  |
| 1. BOB 51 44PF System construction assured  | UPIV  | approval:   Gomm. Dev't C  | ur<br>Transference de la la companya de la companya del la companya de la companya del la companya de la companya |  |  |  |
| Community   | Development Planning and Economic Dev.<br>1800 W. Old Shakopee Road<br>Bloomington MN 55431-3027  | PH 952-563-8920 E-MAIL   | planning@ci.bloomington.mn.us<br>ploomington.mn.us   |  |  |  |

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

|                 | Additional parties                                  |  |  |  |                                   |  |  |  |  |  |
|-----------------|---|--|--|--|-----------------------------------|--|--|--|--|--|
| Primary contact | Business name/name                                  |  | E-mail   |  |                                   |  |  |  |  |  |
|                 | Mailing address                                     | Michael (Michael and Amarine base and American bissue and American | City   |  | State                             | Zip  |  |  |  |  |
|                 | Business address                                    | ikkilikikiki (1995) ya nine danifurunga ang karang a serang a taun ang mga ang ang ang ang ang ang ang ang ang   | City   |  | State                             | Zip  |  |  |  |  |
|                 | Daytime phone                                       | aytime phone Cell phone  |  |  | AX                                |  |  |  |  |  |
|                 |   |  |  |  |                                   |  |  |  |  |  |
|                 | Typed/printed name Signature Title                  |  |  |  |                                   |  |  |  |  |  |
|                 | Additional fee property owners and addresses        |  |  |  |                                   |  |  |  |  |  |
|                 | Business name/name                                  |  |  |  | E-mail                            | c@gnail.com  |  |  |  |  |
|                 | Mailing address                                     |  | City   | entroneo y municipa qua consigni   | State                             | Zip  |  |  |  |  |
|                 | 6576 Castriage Wa                                   | <del></del>  | <u>Concosan</u>  | Na Oderber and Assessment and Assess | <u>1070</u>                       | 55346  |  |  |  |  |
|                 | 9056 Penn Ave S                                     |  | City   |  | State<br>~~                       | Zip 55431  |  |  |  |  |
|                 | Daytime phone                                       | Cell phone   | Bloomington  | FAX  | 1.110                             | The first of the second  |  |  |  |  |
|                 | 612-242-8255  |  |  |  |                                   |  |  |  |  |  |
|                 | Venkalesh Vasude van Afenfatah Balen Roes van title |  |  |  |                                   |  |  |  |  |  |
|                 |   |  |  |  |                                   |  |  |  |  |  |
|                 | Business name/name                                  |  |  |  |                                   | E-mail   |  |  |  |  |
|                 | Mailing address                                     | ng address   |  | City   |                                   | Zip  |  |  |  |  |
|                 | Business address                                    | A Philipine in American and Commission and Commissi | City   |  | State                             | Zip  |  |  |  |  |
|                 | Daytime phone                                       | Cell phone   | FAX  |  |                                   |  |  |  |  |  |
|                 | Typed/printed name Signature Title                  |  |  |  |                                   |  |  |  |  |  |
|                 | Typed/printed name                                  |  | Title  |  |                                   |  |  |  |  |  |
|                 | Business name/name                                  |  | AND STATE OF THE S |  | E-mail                            | CATALON MATERIAL CONTRACTOR CONTR |  |  |  |  |
|                 | Mailing address                                     | essection of the section armices essection (e.g. ph. a.g. ph. ph. ph. ph. ph. ph. ph. ph. ph. ph   | City   |  | State                             | Zip  |  |  |  |  |
|                 | Business address                                    | mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/  | City   |  | State                             | Zip  |  |  |  |  |
|                 | Daytime phone                                       | Cell phone   |  | FAX  |                                   |  |  |  |  |  |
|                 | T. and leading a leading at the second              | ganjangapinininggap yang kibin dan dinahan sasakan sasakan   | 0  | www.coonsepues   | SAMININATIVE deservations success |  |  |  |  |  |
|                 | Typed/printed name                                  |  | Signature  |  |                                   | Title  |  |  |  |  |
|                 |   |  | AND A STATE OF THE | -  |                                   |  |  |  |  |  |
|                 | Use additional she                                  | ets or copy  | form for additional prope  | erties   |                                   |  |  |  |  |  |