

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 Master Sign Plan

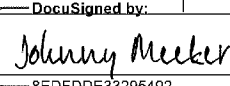
Site location ■ Additional addresses on back ■ Legal description attached

Property address 8100 31st Ave S Bloomington MN 55425			Common name		
Business address 8100 31st Ave S Bloomington MN 55425					
PIN 0102724140028	Lot 1	Block 1	Plat name Bloomington Central Station 7th Addition		

Proposal Full documentation must accompany application

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 BCS4 Multifamily, LLC			E-mail	
	Mailing address 2737 Fairview Ave N		City St. Paul	State MN	Zip 55113
	Business address 2737 Fairview Ave N		City St. Paul	State MN	Zip 55113
	Daytime phone 651 633 5050	Cell phone	FAX		
	DocuSigned by:  Johnny Meeker Typed/printed name Signature Title				

User/occupant

<input type="checkbox"/> Primary contact	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				

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 _____	

Case no. PL202300005
PL2023-5**Complete all applicable sections — Select only ONE person as primary contact****Additional parties**☐ **Primary contact**

Business name/name ESG Architecture and Design			E-mail	
Mailing address 500 S Washington Ave #1080		City Minneapolis	State MN	Zip 55415
Business address 500 S Washington Ave #1080		City Minneapolis	State MN	Zip 55415
Daytime phone 612 339 5508	Cell phone	FAX		
<div> <div>Ryan Samsa</div> <div>Typed/printed name</div> </div> <div> <div></div> <div>Signature</div> </div> <div> <div>Architect</div> <div>Title</div> </div>				

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		
<div> <div></div> <div>Typed/printed name</div> </div> <div> <div></div> <div>Signature</div> </div> <div> <div></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></div> <div>Typed/printed name</div> </div> <div> <div></div> <div>Signature</div> </div> <div> <div></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></div> <div>Typed/printed name</div> </div> <div> <div></div> <div>Signature</div> </div> <div> <div></div> <div>Title</div> </div>				

Use additional sheets or copy form for additional properties