



Development Application

Case no. PL202300021
PL2023-21

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 Extension of Final Development Plan

Site location ■ Additional addresses on back ■ Legal description attached

Property address
3700 American Boulevard East

Common name

Business address

PIN
06-027-23-21-0012

Lot
001

Block
001

Plat name
International Airport Park 5th Addition

Proposal Full documentation must accompany application

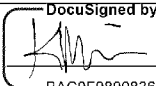
See attached narrative letter.

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

Fee property owner

<input type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title		E-mail	
	Mailing address	City	State	Zip
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Typed/printed name Signature Title </div>			

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Rosa Development Co		E-mail kristin@muirh.com	
	Mailing address 334 NE 1st Avenue	City Delray Beach	State Florida	Zip 33444
	Business address Same	City	State	Zip
	Daytime phone 561-392-7777	Cell phone	FAX 561-392-9900	
	<div style="display: flex; justify-content: space-between;"> Kristin Muir  General Manager </div> <div style="display: flex; justify-content: space-between;"> Typed/printed name Signature Title </div>			

DocuSigned by:

BAC0F9800836433

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 _____	

Community Development

Planning and Economic Dev.
1800 W. Old Shakopee Road
Bloomington MN 55431-3027

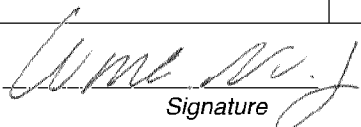
PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

Development Application

Case no. _____

Complete all applicable sections — Select only ONE person as primary contact**Additional parties**☐ **Primary contact**

Business name/name Larkin Hoffman / William C. Griffith		E-mail wgriffith@larkinhoffman.com	
Mailing address 8300 Norman Center Dr., Suite 1000	City Bloomington	State MN	Zip 55437
Business address Same	City	State	Zip
Daytime phone 952-896-3290	Cell phone	FAX 952-842-1738	
William C. Griffith <i>Typed/printed name</i>	 <i>Signature</i>	Attorney <i>Title</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 952-842-1738	
<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