



Development Application

Case no. PL2017-216

Type of application					
<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Staff approval	<input type="checkbox"/> Hearing Examiner	<input type="checkbox"/> Plan Revision	<input type="checkbox"/> Amended	<input type="checkbox"/> Reapplication
<input type="checkbox"/> Rezoning	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Variance	<input type="checkbox"/> Ordinance Amendment		
<input type="checkbox"/> Preliminary Development Plan	<input type="checkbox"/> Interim Use Permit	<input type="checkbox"/> Comprehensive Plan Amendment	<input checked="" type="checkbox"/> Subdivision		
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/> Final Site and Building Plan	<input type="checkbox"/> Other			

Site location		Additional addresses on back		Legal description attached	
Property address	<u>8041/8051 33RD AVENUE SOUTH</u>			Common name	<u>BLOOMINGTON CENTRAL STATION</u>
Business address	<u>BLOOMINGTON, MN 55425</u>				
PIN	Lot	Block	Plat name		
<u>06-027-23-23-0638/0648</u>			<u>BLOOMINGTON CENTRAL STATION</u> <u>2ND AND 4TH ADDITION</u>		

Proposal Full documentation must accompany application

PRELIMINARY AND FINAL PLAT FOR BLOOMINGTON CENTRAL STATION 6TH ADPATE
VACATION OF DRAINAGE AND UTILITY EASEMENTS AND SIDEWALK AND BIKEWAY
EASEMENTS.

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			E-mail	
	<u>BLOOMINGTON CENTRAL STATION, LLC</u>			<u>david.higgins@mcgough.com</u>	
	Mailing address		City	State	Zip
	<u>2737 FAIRVIEW AVE. NORTH</u>		<u>ST. PAUL</u>	<u>MN</u>	<u>55113</u>
	Business address		City	State	Zip
Daytime phone		Cell phone	FAX		
<u>(651) 634-7764</u>		<u>(617) 510-0429</u>	<u>(651) 633-5673</u>		
Typed/printed name		Signature		Title	
<u>DAVID HIGGINS</u>				<u>VP-DEVELOPMENT</u>	

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: 12-15-17 120 Days: 2-13-17

Planner B. Bunker DRC N/A

Shaded areas are for office use only	
Received:	Date <u>10.16.17</u> By <u>M. Cuthbert</u>
Reviewed:	Date <u>12-4-17</u> By <input type="checkbox"/> PC <input checked="" type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date <u>10-17-17</u> \$ <u>1,210.00</u>
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 ApplicationCase no. PL2017-216**Complete all applicable sections — Select only ONE person as primary contact**

Additional parties				
<input type="checkbox"/> Primary contact	Business name/name <u>KIMLEY-HORN AND ASSOCIATES, INC.</u>		E-mail <u>tom.lincoln@kimley-horn.com</u>	
	Mailing address <u>2540 UNIV. AVE. WEST</u>	City <u>ST. PAUL</u>	State <u>MA</u>	Zip <u>55114</u>
	Business address <u>SUITE 238N</u>	City	State	Zip
	Daytime phone <u>(651) 643-0453</u>	Cell phone <u>(612) 281-6194</u>	FAX	
	<u>THOMAS J. LINCOLN</u> Typed/printed name		<u>Thomas J. Lincoln</u> Signature	
		<u>SP. PROJECT MANAGER</u> Title		

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		
_____ Typed/printed name		_____ Signature		_____ Title
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
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

Use additional sheets or copy form for additional properties