

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
7700 W Old Shakopee Rd suite 175.

Common name
Countryside Center

Business address

PIN
31-116-21-42-0069

Lot Block

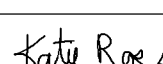
Plat name

Proposal Full documentation must accompany application

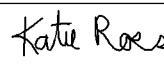
Painting walls, adding tables and chairs, installing sink, updating electrical, changing out lightbulbs.

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 Kathleen Ann Ross			E-mail	
	Mailing address 8217 w 104th st		City Bloomington	State Mn	Zip 55438
	Business address 7700 w Old Shakopee Rd		City Bloomington	State MN	Zip 55438
	Daytime phone	Cell phone 952-210-5192	FAX		
	Kathleen Ann Ross <i>Typed/printed name</i>		 <i>Signature</i>		Owner <i>Title</i>

User/occupant

<input type="checkbox"/> Primary contact	Business name/name The Arts Creative			E-mail info@theartscreative.com	
	Mailing address 8217 w 104th st		City bloomington	State mn	Zip 55438
	Business address 7700 w Old Shakopee Rd		City Bloomington	State MN	Zip 55438
	Daytime phone	Cell phone 952-210-5192	FAX		
	Kathleen Ann Ross <i>Typed/printed name</i>		 <i>Signature</i>		Owner <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

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