



Development Application

Case no. **PL202100114**

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
4551 West 102nd St. Bloomington 55437

Common name
Olson Middle School

Business address
1350 West 106th St. Bloomington 55431

PIN _____ Lot _____ Block _____ Plat name _____

Proposal Full documentation must accompany application

Type I Preliminary and Final Plat

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title IDS #271 Bloomington School District		E-mail trybak@isd271.org	
	Mailing address 8801 Lyndale Ave S		City Bloomington	State MN
	Business address 1350 West 106th St.		City Bloomington	State MN
	Daytime phone 952-806-8766		Cell phone 952-292-2296	FAX
	Typed/printed name <u>Tim Rybak</u>		Signature <u>Tim Rybak</u>	

Director
Title

User/occupant

<input type="checkbox"/> Primary contact	Business name/name IDS #271 Bloomington School District		E-mail trybak@isd271.org	
	Mailing address 8801 Lyndale Ave S		City Bloomington	State MN
	Business address 1350 West 106th St.		City Bloomington	State MN
	Daytime phone 952-806-8766		Cell phone 952-292-2296	FAX
	Typed/printed name <u>Tim Rybak</u>		Signature <u>Tim Rybak</u>	

Director
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 _____	

Community Development

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