

## **Development Application**

web\_52\_001 pg1 of \_\_ (07/09)

Case no.

PL202300068

Type of application															
✓ Standard	Staff approval Hearing Examiner			Plan Revision Amended					Reapplication						
	oning  Conditional Use Permit  iminary Development Plan  Interim Use Permit  I Pinal Site and Building Plan					<ul> <li>☐ Variance</li> <li>☐ Ordinance Amendment</li> <li>☐ Comprehensive Plan Amendment</li> <li>☐ Subdivision</li> </ul>									
tin septimen	Site loc	ation 🛭 Additio	nal addresse	s on bac	ck [	Lega	l descri	otion a	ittache	d	P 7		1		
Property address 1801 American B	Common name Knox & American II								***************************************						
Business addres	S														
PIN 0402724240035	Lot 2					Block Plat name Knox American Addition									
0102721210033	on must accompany application														
See attached	See attached														
	2000 A														
***************************************	Complet	e all applicable se	ections — S	elect on	ly ON	E perso	on as pr	imary	contac	ct					
	Part in the second		Fee prope	rty ow	ner				1.7	161	jirjs	101			
<b>✓</b> Primary	Owner name per p					Ì	E-mail								
contact  Additional owners on Back	Housing and Redevelopment Authority for the City of Mailing address			City					acoleman@bloomingtonMN.gove State Zip						
	1800 West Old Shakopee Rd			Bloomingon					MN 55431						
	Business address			City					State Zip						
	Daytime phone Cell phone 952-563-8940			FAX				FAX	**************************************						
				AM											
	Aarica Coleman			Signatura					HRA Administrator						
-	Typed/printed name Signature Title User/occupant														
<u> </u>	Business name/na	me	USBY/UC						E-mail						
Primary contact	STUART CO STUART Development Co			rpoeation					rdunlay@stuartco.com						
	Mailing address			City					State Zip						
	1000 West 80th St Business address		City			MIUUMING 107		MN State			00000000000000000000000000000000000000				
	Daytime phone 952-948-9546 Cell phone			FAX											
	Ryan Dunlay		/	51.m	m,	/), so.	let.			Preside	ent				
	Typed/printed name			Signature					Title						
NOTE: Applica		Shaded areas are for office use only													
documents. See Instructions,					Received: Date By										
Deadline for agency action					Reviewed: Date Fee paid: Date				By PC CC HE						
60 Days: 120 Days						Date	nnmore ;		<b>5</b>			*************	***************************************		
Planner	☐ Adm approv	ıın. ⁄al:	Date By												
				☐ Comm. Dev't Dir. ☐ Planning Div. Manager											
**************************************	D	050 5	□ Ot	CONTRACTOR DE LA CONTRA			(a) !!!		**************************************						
Community Development Planning and Economic Dev. 1800 W. Old Shakopee Road Bloomington MN 55431-3027				FAX	952-5	63-892 63-894 63-874	9 ww			g@ci.blo ton.mn. web.f					