



CITY OF
BLOOMINGTON
MINNESOTA

Development Application

Case no.

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 3200 East 81st Street		Common name Bloomington Central Station	
Business address Bloomington, MN 55425			
PIN 0602723230645/0602723230641	Lot	Block	Plat name Bloomington Central Station 3rd Addition/Bloomington

Proposal Full documentation must accompany application

Final Plat Approval for Bloomington Central Station 8th Addition. This plat combines Lot 1, Block 1 BCS 3rd Addition with Outlot Q, BCS 2nd Addition. This plat also dedicates Outlot K, BCS Addition, and Outlots K and V, BCS 2nd Addition, as 30th Avenue South ROW.

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

Fee property owner

<input type="checkbox"/> Primary contact <input checked="" type="checkbox"/> Additional owners on Back	Owner name per property title Hotel Bloomington 3200 E 81st, LLC c/o Schulte Hospitality Group, Inc. (L1, B1 BCS)		E-mail darryljr@schultehospitality.com	
	Mailing address 2000 High Wickham Place Suite 300		City Louisville	State KY
	Business address		City	State Zip
	Daytime phone (502) 489-3737	Cell phone (502) 500-2352	FAX ()	
	Darryl D. Schulte, Jr. <i>Typed/printed name</i>		 <i>Signature</i>	
		Chairman and CEO <i>Title</i>		

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Bloomington Central Station, LLC c/o McGough Development		E-mail mfabel@mcgough.com	
	Mailing address 2737 Fairview Avenue North		City St. Paul	State MN
	Business address		City	State Zip
	Daytime phone (651) 634-4687	Cell phone (651) 248-3024	FAX (651) 633-5673	
	Mark Fabel <i>Typed/printed name</i>		 <i>Signature</i>	
		EVP - Development <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

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Additional parties

<input checked="" type="checkbox"/> Primary contact	Business name/name Kimley-Horn and Associates, Inc.		E-mail tom.lincoln@kimley-horn.com	
	Mailing address 767 Eustis Street	City St. Paul	State MN	Zip 55114
	Business address	City	State	Zip
	Daytime phone (651) 643-0453	Cell phone (612) 281-6194	FAX (651) 633-5673	
	Thomas J. Lincoln		Sr. Project Manager	
	Typed/printed name		Signature	
		Title		

Additional fee property owners and addresses

Business name/name BCS GD West, LLC c/o McGough Development (Outlot V)		E-mail mfabel@mcgough.com	
Mailing address 2737 Fairview Avenue North	City St. Paul	State MN	Zip 55113
Business address	City	State	Zip
Daytime phone (651) 634-4687	Cell phone (651) 248-3024	FAX (651) 633-5673	
Mark Fabel		EVP - Development	
Typed/printed name		Signature	
		Title	
Business name/name Bloomington Central Station, LLC c/o McGough Development (Outlot Q, I, and K)		E-mail mfabel@mcgough.com	
Mailing address 2737 Fairview Avenue North	City St. Paul	State MN	Zip 55113
Business address	City	State	Zip
Daytime phone (651) 634-4687	Cell phone (651) 248-3024	FAX (651) 633-5673	
Mark Fabel		EVP - Development	
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