

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 8000 Ikea Way		Common name IKEA	
Business address Bloomington, MN 55425			
PIN 0102724230007	Lot 2	Block 1	Plat name Mall of America 6th Addition

Proposal Full documentation must accompany application

Site Development Plans for Ikea's emergency generator relocation project. Technical parking memorandum accompanies the Site Development Plans to document loss of parking spaces. This is assumed to be an administrative approval.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Ikea Property Inc.		E-mail robert.gangnon@ingka.ikea.com	
	Mailing address 420 Alan Wood Rd	City Conshohocken	State PA	Zip 19428
<input type="checkbox"/> Additional owners on Back	Business address 8000 Ikea Way		City Bloomington	State MN
	Daytime phone (952) 854-8212 x1500		Cell phone (651) 300-7924	FAX
Kevin Gilbert		Digitally signed by Kevin Gilbert Date: 2024.04.25 12:00:14 -04:00		Vice President
Typed/printed name		Signature		Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Ikea		E-mail robert.gangnon@ingka.ikea.com	
	Mailing address 8000 Ikea Way	City Bloomington	State MN	Zip 55425
Business address		City	State	Zip
Daytime phone (952) 854-8212 x1500		Cell phone (651) 300-7924	FAX	
Robert Gangnon		Signature		Unit Facility Manager
Typed/printed name		Signature		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

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

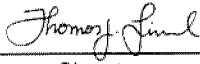
E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

Case no. PL202400054

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

Additional parties

☒ Primary contact

Business name/name Kimley-Horn and Associates, Inc.		E-mail tom.lincoln@kimley-horn.com	
Mailing address 767 Eustis Street Suite 100	City St. Paul	State MN	Zip 55114
Business address	City	State	Zip
Daytime phone (651) 643-0453	Cell phone (612) 281-6194	FAX	
Thomas J. Lincoln <i>Typed/printed name</i>	 <i>Signature</i>	Sr. Civil Engineer <i>Title</i>	

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	
<i>Typed/printed name</i>		<i>Signature</i>	
<i>Typed/printed name</i>		<i>Title</i>	
Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<i>Typed/printed name</i>		<i>Signature</i>	
<i>Typed/printed name</i>		<i>Title</i>	
Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<i>Typed/printed name</i>		<i>Signature</i>	
<i>Typed/printed name</i>		<i>Title</i>	

Use additional sheets or copy form for additional properties