



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 10700 Bloomington Ferry Rd		Common name Countryside Center	
Business address 10700 Bloomington Ferry Rd			
PIN 3111621420070	Lot	Block	Plat name

Proposal Full documentation must accompany application


Tenant improvement of existing building (previously a gas station/quick mart) to create a new pizza restaurant by Travail restaurant group.

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 Steady Management		E-mail sam@teamsteadyrealestate.com	
	Mailing address 1609 Hennepin Ave	City Minneapolis	State MN	Zip 55403
	Business address 1609 Hennepin Ave	City Minneapolis	State MN	Zip 55403
	Daytime phone 952-607-7436	Cell phone 952-607-7436	FAX	
	Sam Steadman		 05/01/2024 Owner	
Typed/printed name		Signature		Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Soul Brothers LLC		E-mail mike.brown.travail@gmail.com	
	Mailing address 4124 West Broadway Ave	City Robinsdale	State MN	Zip 55422
	Business address 4124 West Broadway Ave	City Robinsdale	State MN	Zip 55422
	Daytime phone 612-986-2083	Cell phone 612-986-2083	FAX	
	Mike Brown		 Owner	
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.

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Additional parties

<input checked="" type="checkbox"/> Primary contact	Business name/name			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	<div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div>				

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

Use additional sheets or copy form for additional properties



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