

## 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  
1321 east 78th St Bloomington Mn 55425

Common name  
OUTBACK STEAK

Business address  
Same as above

PIN

Lot

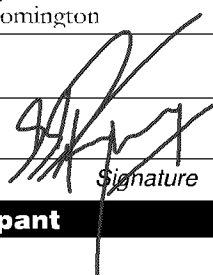
Block

Plat name


## Proposal Full documentation must accompany application

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

## Fee property owner

<input checked="" type="checkbox"/> <b>Primary contact</b>  <input type="checkbox"/> <b>Additional owners on Back</b>	Owner name per property title Embassy Hotel Group, LLC		E-mail shawn@embassymn.com	
	Mailing address 5200 Willson Road		City Edina	State MN
	Zip 55424			
	Business address 1321 East 78th St		City Bloomington	State MN
	Zip 55425			
Daytime phone 612 363 5248		Cell phone 612 363 5248	FAX	
Shawn Punjwani				Authorized Manager
Typed/printed name		Signature		Title

## User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name Outback Steakhouse		E-mail OBS2417@outback.com	
	Mailing address 1321 East 78th St.		City Bloomington	State MN
	Zip 55425			
	Business address 1321 East 78th St.		City Bloomington	State MN
	Zip 55425			
Daytime phone 9528541950		Cell phone 7635685651	FAX	
Nate Ethen				Managing Partner
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](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

**Development Application**

Case no. PL202400202 PL2024-202

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

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name DeMarsd Signs			E-mail candille@demars-signs.com	
	Mailing address 410 93rd Ave NW		City Coon Rapids	State MN	Zip 55433
	Business address same		City	State	Zip
	Daytime phone 763-786-5545		Cell phone 763-238-9156	FAX	
	Candille DeMars				Office Manager
	Typed/printed name		Signature		Title

**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	
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
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**