PL202400102



Development Application

Case no.

			Type of a	pplicatio	n								
Standard	☐ Staff approval ☐ Hearing Examiner ☐				Plan Revision Amended Reapplication								
Rezoning	☐ Variance ☐ Ordinance Amendment												
Preliminary D	Comprehensive Plan Amendment Subdivision												
✓ Final Development Plan ☐ Final Site and Building Plan ☑ Other Preliminary Plat													
Site location ■ Additional addresses on back ■ Legal description attached Property address Common name													
7801-7997 Southtown Drive, Bloomington, MN 55431					Southtown Shopp			g Center					
Business addres	S									1 3 1111 3 11			
PIN					Block Plat name								
PIN Lot 0402724220011			DIOCK Flat Hallie										
		Proposal Full a	locumentatic	on must ac	comp	any appli	cation						
Please see the a	ttached narrative	for the full prope	osal Kraus.	-Anderson	n is n	ronosina	to red	evelon th	e nor	therr	nor	tion	
Please see the attached narrative for the full proposal. Kraus-Anderson is proposing to redevelop the northern portion of the shopping center to allow for a sporting goods store. All associated parking lot improvements, utilities, landscape,										rane			
	r management are				1	8	I		,	, -			
		_											
	Complete	all applicable se	ections — S	elect only i	ONE	nereon as	nrimanı	contact				L	
Complete all applicable sections — Select only ONE person as primary contact Fee property owner													
Primary	Owner name per pro		ree prope	ity Owin	Ç1			E-mail					
contact	Kraus-Anderson, Inc.												
	Mailing address 501 South 8th Street			City Minneapolis			State Zip MN 55404						
Additional owners Business address				City				State Zip					
on Back				Minneapolis			MN 55404						
	Daytime phone Cell phone						FAX	FAX					
	612-333-7281			$\overline{}$		\ .	all.						
	Peter Diessner President & CEO												
	Typed/printed name Signature Title												
			User/oc	cupant									
Primary	Business name/nar Kraus-Anderson In					E-mail							
contact	Mailing address			City			State Zip						
	501 South 8th Stree	et		Minneapo	olis			MN		104			
	Business address 501 South 8th Street			City	-10-			State MN	Zip	10.1			
Daytime phone Cell phone				Minneapolis FAX									
	Peter Diessner			. 2. 8	1	100	1		residen	L 0. C	TEO		
		ed/printed name	<u> </u>	Pd A	Sic	nature	J. V	The second secon		Title	EO		
NOTE: Applica	ations only accepted	·	deupport					4	***************************************				
NOTE. Applica	documents. See I	nstructions.	i support	Received		onageg a l Date		for office By	use oi	nıy		······································	
Deadline for agency action			Reviewed		Date		By □PC		: 🗆		· · · · · · · · · · · · · · · · · · ·		
60 Days	120 Days			Fee paid:		Date		\$		·			
-			☐ Admin.	Date	 Ву								
Planner DRC					approval:			· · · · · · · · · · · · · · · · · · ·					
	☐ Other					٠- ي							
Community Development Planning and Economic Dev. PH							MΔII r	lanning@	ci bloci	minat	on mr	1118	
1800 W. Old Shakopee Road FAX 952-563-8949 www.ci.bloomington.mn.us								ı.uə					
Bloomington MN 55431-3027					TTY 952-563-8740 web_52_001 pg1 of (07/09)							07/09)	

Development Application

Case no.

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

		Additiona	al parties						
V Primary	Business name/name	E-mail							
contact	Kraus-Anderson Development Compa	ıny				ingham@krausanderson.			
	Mailing address		City		State	Zip			
	501 South 8th Street		Minneapolis		MN	55404			
	Business address		City		State	Zip			
	501 Sotuh 8th Street		Minneapolis		MN	55404			
	Daytime phone	Cell phone	· /	FAX					
	612-255-2398	612-963-94	01						
	Robert Cunningham	///.	BA YIIIMMAL	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	se Se	nior Vice President			
	Typed/printed name	It)	Signature			Title			
		e property	owners and address	96					
		e property	Owners and address	-0					
	Business name/name			E-mail					
	Malling address		T O'th		01-1-				
	Mailing address		City		State	Zip			
	Business address		City		State	Zip			
					Oldio	Z.P			
	Daytime phone	Cell phone		FAX	L				
				<u></u>					
	To an add a sink add a sink	Name of the last o	0:						
	Typed/printed name		Signature			Title			
	Business name/name			E-mail					
	Mailing address	City		State	Zip				
	Business address	City		State	Zip				
	Daytime phone Cell pho			FAX					
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	Typed/printed name	Signature			Title				
	D			T = :					
	Business name/name		E-mail						
	Mailing address	City		State	Zip				
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	Business address		City		State	Zip			
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	Daytime phone		FAX						
	Typed/printed name	Signature		 Title					
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