PL202300113



Development Application

Case no.

PL202300097

		Type of a	bolleamon							
✓ Standard	☐ Staff approval	☐ Hearing Examiner	Plan Revisio	on 🗆 Am	ended	☐ Re	application			
☐ Rezoning ☐ Preliminary [☑ Final Develo	Development Plan pment Plan	Conditional Use Permit Interim Use Permit Final Site and Building Plan	☐ Variance ☐ Compreh ☐ Other	ensive Plan Ar	mendment		Ordinance Amendment Subdivision			
	Site locat	ion 📝 Additional address	es on back	Legal descri	iption atta	ched				
Property address See attached for a				Common nar	me					
Business addres	SS									
PIN		Lot	Block	Plat name						
	P	roposal Full documentati	on must accon	npany applica	ntion					
inal Developi	ment Plan for SICK	Phase 2 Office Building	and Parking S	Structure.						
	Complete	all applicable sections — S		E person as p	rimary co	ntact				
:			erty owner							
Primary contact				.C			E-mail dave.mcginty@sick.com			
Additional	Mailing address 6900 W 110th St	City Bloomington			ate N	Zip 55438				
☐ Additional owners on Back	Business address 6900 W 110th St	City Bloomington			ate N	Zip 55438				
	Daytime phone 952.829.4885	9 FAX								
	Dave McGinty	4	Dill MUSIT			Facilities Manager				
	Турес	d/printed name	0.5	Signature /			Title			
		User/o	ccupant		'					
✓ Primary	Business name/nam SICK Product & Co	e mpetence Center Americas, LL	.C			· <mark>mail</mark> .ve.mcgi:	nty@sick.com			
contact	Mailing address 6900 W 110th St		City Bloomingto:	n	1	ate N	Zip 55438			
	Business address 6900 W 110th St		City Bloomington	n		tate IN	Zip 55438			
	Daytime phone 952.829.4885	Cell phone 612.391.1	928		FAX					
	Dave McGinty			1ml/s	<i>H</i>	Fa	acilities Manager			
		d/printed name		Signature	8		Title			
NOTE: Applic	cations only accepted documents. See In	with ALL required support		Shaded are			use only			
, 	Deadline for age		Received:	Date Date	By By		CC HE			
60 Davs:	_	Days	Fee paid:	Date	\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	DRC	Admin. Date			Ву					
				☐ Comm. [Dev't Dir.	□ PI	anning Div. Manager			
		I Variable Francis Di	DU 050.7	Other _	MAH nin	nnina@	ci.bloomington.mn.us			
Community	1.	lanning and Economic Dev. 800 W. Old Shakopee Road loomington MN 55431-3027	FAX 952-		-MAIL pia ww.ci.bloo					

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✓ Standard	☐ Staff approval	Hearing Ex	aminer [☐ Plan Revis	ion 🗆 A	\mended	☐ Rea	application	í	
Rezoning										
		ation 📝 Additio	nal addresse	s on back	Legal des	cription at	tached			
Property address See attached for n	s nultiple property add	dresses			Common n	ame				
Business addres	S			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	noni			**************************************		
PIN	······································	L	ot 8	Block	Plat name		**************************************	60000000		
		Proposal Full d	ocumentatio	on must acco	mpany appli	cation				
Einal Danalaga	Dl C CIC									
Final Developn	nent Plan for SIC	CK Phase 2 Office	Building a	nd Parking	Structure.	~~~				
	Complete	e all applicable se	ctions — S	elect only Ol	NE person as	primary o	ontact		<u> </u>	-
			Fee prope	rty owner						
✓ Primary contact	Owner name per pi City of Bloomingto						E-mail jverbrugge@BloomingtonMn.gov			
	Mailing address 1800 West Old Shakopee Rd			City			State Zip MN 55431			
Additional owners	Business address			Bloomington City			State Zip			
on Back	1800 West Old Shakopee Rd Daytime phone Cell phone			Bloomington FAX			MN 55431			
Daytime phone Cell phone FAX 952.563,8784										
	James Verbrugg	e		110)		City N	Manager		
	The state of the s	ed/printed name		Signature			Title			
			User/oc	cupant					7,770	77.0
✓ Primary	Business name/name SICK Product & Competence Center Americas, LLC			^			E-mail dave.mcginty@sick.com			
contact	Mailing address			City			State Zip			
	6900 W 110th St			Bloomington			MN	55438		
	Business address 6900 W 110th St	1		City Bloomingto	on		State MN	Zip 55438		
	Daytime phone Cell phone 952.829.4885 612.391.19			FAX			4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		CONTRACTOR OF THE PROPERTY OF	1 012.07 2.127				STATE OF THE STATE			
	Dave McGinty	ped/printed name	······································		Signature		Fac	cilities Ma <i>Title</i>	,,	
NOTE: Applica		ed with ALL require	d support			reas are f	or office i			
	documents. See	Instructions.		Received:	Date		y		***************************************	
	Deadline for ag	ency action		Reviewed:	Date	Ε	y DPC	□ CC □	HE	
60 Days:	12	0 Days	hide Add All Printers and All Printers a	Fee paid:	Date	\$		ACT		
Planner	DF	RC	·	☐ Admin. approval:	Date		y			
□ Comm. Dev't Dir, □ Planning Div. Ma						Manaç	ger			
					□ Other					
1800 W. Old Shakopee Road FAX 952-563-8949 www.							L planning@ci.bloomington.mn.us ci.bloomington.mn.us			
Bloomington MN 55431-3027 TTY				TTY 952-563-8740 web_52_001 pg1 of (07/09)						7/09)

Page 2 of 3 (INCLUDING ATTACHED SUPPLEMENTAL ADDRESSES)

Development Application

Case no. **PL202300097**

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

		Additiona	ıl parties					
✓ Primary contact	Business name/name Port Authority, City of Bloomington	Business name/name						
	Mailing address 1800 West old Shakopee Road		City Bloomington		State MN	BloomingtonMN.gov Zip 55431		
	Business address 1800 West old Shakopee Road		City Bloomington		State MN	Zip 55431		
	Daytime phone Cell phon 952.563.8879							
	Holly Masek		Port Authority Administ					
	Typed/printed name	Signature *		Title				
	Additional fe	e property	owners and addres	sses				
	Business name/name			E-mail				
	Mailing address		City		State	Zip		
	Business address		City		State	Zip		
	Daytime phone	J	FAX	<u></u>				
			City Manager					
	Typed/printed name	-	Signature		2000	Title		
	Business name/name			E-mail				
	Mailing address		City		State	Zip		
	Business address		City		State	Zip		
	Daytime phone Cell phone			FAX	1			
	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				