



Development Application

Case no. **PL202300097**

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
See attached for multiple property addresses

Common name

Business address

PIN

Lot

Block

Plat name

Proposal Full documentation must accompany application

Final Development Plan for SICK Phase 2 Office Building and Parking Structure.

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title SICK Product & Competence Center Americas, LLC		E-mail dave.mcginity@sick.com	
	Mailing address 6900 W 110th St	City Bloomington	State MN	Zip 55438
	Business address 6900 W 110th St	City Bloomington	State MN	Zip 55438
	Daytime phone 952.829.4885	Cell phone 612.391.1928	FAX	
	Dave McGinty Typed/printed name		 Signature Facilities Manager Title	

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name SICK Product & Competence Center Americas, LLC		E-mail dave.mcginity@sick.com	
	Mailing address 6900 W 110th St	City Bloomington	State MN	Zip 55438
	Business address 6900 W 110th St	City Bloomington	State MN	Zip 55438
	Daytime phone 952.829.4885	Cell phone 612.391.1928	FAX	
	Dave McGinty Typed/printed name		 Signature Facilities Manager 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

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Complete all applicable sections — Select only ONE person as primary contact**Fee property owner**

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title City of Bloomington		E-mail jverbrugge@BloomingtonMn.gov	
	Mailing address 1800 West Old Shakopee Rd	City Bloomington	State MN	Zip 55431
	Business address 1800 West Old Shakopee Rd	City Bloomington	State MN	Zip 55431
	Daytime phone 952.563.8784	Cell phone	FAX	
	James Verbrugge <i>Typed/printed name</i>		 <i>Signature</i>	
		City Manager <i>Title</i>		

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name SICK Product & Competence Center Americas, LLC		E-mail dave.mcginity@sick.com	
	Mailing address 6900 W 110th St	City Bloomington	State MN	Zip 55438
	Business address 6900 W 110th St	City Bloomington	State MN	Zip 55438
	Daytime phone 952.829.4885	Cell phone 612.391.1928	FAX	
	Dave McGinty <i>Typed/printed name</i>		 <i>Signature</i>	
		Facilities Manager <i>Title</i>		

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		<input type="checkbox"/> Other _____

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<input checked="" type="checkbox"/> Primary contact	Business name/name Port Authority, City of Bloomington		E-mail hmasek@BloomingtonMN.gov	
	Mailing address 1800 West old Shakopee Road	City Bloomington	State MN	Zip 55431
	Business address 1800 West old Shakopee Road	City Bloomington	State MN	Zip 55431
	Daytime phone 952.563.8879	Cell phone	FAX	
	Holly Masek		Port Authority Administ	
	Typed/printed name		Signature	

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	
City Manager		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