| CITY OF BLOOMINGTON | | | | | De | vel | opr | nei | nt | Δn | alia | cat | in |
|---|---|--|-----------------------|--|--|-------------|--------------------|---------------|----------------------------------|---------|--------------|-------------|-----|
| | | | | | Development Applicatio | | | | | | | | |
| | MINNESOTA | | | | | | | | | | | | |
| Standard | Staff approval | Hearing E | Type of a | | | | | | | _ | | | |
| | | Plan Revision Amended Reapplication | | | | | | | | | | | |
| Rezoning Preliminary Final Develo | • | Conditional Use Interim Use Per Final Site and E | rmit Building Plan | ☐ Cor ☑ Oth | er <u>C</u> ł | ensive P | | | | Sub | divisio | | dme |
| Property addres | is <u> </u> | tion 🔳 Additio | onal address | es on bad | k I | Legal Commo | descrip on name | | tache | đ | | | |
| 9117 Lyndale Av Business addres | re S. Bloomington MN ! | 55420 | | <u>. </u> | | | sion In | - | | | | | |
| | | | | _ | | | | | | | | | |
| PIN | Block | | Plat na | me | | | | | | | | | |
| | P | roposal Full | documentati | on must a | accon | npany aj | oplicati | on | | | | | |
| Surface brick e | exterior of building | with white Der | Tit costine | | | | | | | | | | |
| Juliace Difex C | Exterior of building | with white Dry | vit coating. | | | | | | | | | <u> </u> | |
| | | | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | | |
| | Complete a | all applicable s | | | | E persor | ı as priı | mary c | ontac | t | | | |
| Drimons | Owner name per prop | ertv title | Fee prope | erty ow | ner | | | | -mail | | | | |
| Primary contact Additional owners on Back | Chu Holdings | | | | | | | | E-mail jodi.chu@chuvision.com | | | | |
| | Mailing address 9117 Lyndale Ave S | | | City Bloomington | | | | | State Zip MN 55420 | | | | |
| | Business address | | | City | | | | | State Zip | | | | |
| | Daytime phone Cell phone | | | | | | | | | | | | |
| | | | DocuSigned by: | | | | | | | | | | |
| | Jodi Chu | | | Jodi Chu | | | | | CFO | | | | |
| | Typed/printed name | | | F847100F8C61469 Signature | | | | | Title | | | | |
| | | | User/o | ccupan | | | | | | | | | |
| Primary contact | Business name/name Precision Design | | | | | | | | E-mail judd@pdmmfg.com | | | | |
| | Mailing address | | | City | | | | | State Zip | | | | |
| | 10300 Jamaca Ave N Business address | | | Grant City | | | | | /IN State | | 55115 Zip | | |
| | | | | | | | | | | | | | |
| | Daytime phone Cell phone 651-271-9540 651-271-9 | | | | | | | | | | | | |
| | | · <u></u> · | | |) | 1-1 | | \rightarrow | 4 | | | | |
| | Judd Jackson Typed/printed name | | | Signature Title | | | | | | | | | |
| NOTE: Applic | | | d support | | | | | | a offi | 0.000 | | | |
| NOTE: Applications only accepted with ALL required support documents. See Instructions. | | | | | Shaded areas are for office use only Received: Date By | | | | | | | | |
| | Deadline for agency action | | | Reviewed: Date By DPC DCC HE | | | | | | | | | |
| 60 Days: | 120 Days | | | Fee paid: Date \$ | | | | | | | | | |
| Planner | DRC | | | Admin. approval: Date By □ Comm. Dev't Dir. □ Planning Div. Manager | | | | | | | | | |
| | | | | | | | ım. Dev | t Dir. | Ц | riannir | ig Div. | ivianag | jer |
| | | | | | | □ Othe | | | | | | | |