

Development Application

Case no. PL202400154

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

9117 Lyndale Ave S

Common name

Business address

Bloomington MN 55420

PIN

Lot

Block

Plat name

Proposal

Full documentation must accompany application

Parking Lot Expansion

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

Fee property owner

☒ Primary contact

Owner name per property title

Chu Holdings LLC

E-mail

Mailing address

9117 Lyndale Ave So

City

Bloomington

State

Zip

MN

55420

Business address

Same

City

State

Zip

Daytime phone

952-542-6374

Cell phone

612-581-8187

FAX

Jodi Chu

Typed/printed name

Jodi Chu

Signature

CFO

Title

User/occupant

☒ Primary contact

Business name/name

Chu Victim Institute

E-mail

Mailing address

City

State

Zip

Business address

City

State

Zip

Daytime phone

Cell phone

FAX

Jodi Chu

Typed/printed name

Jodi Chu

Signature

CFO

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 ☐ PC ☐ CC ☐ HE

Fee paid: Date _____ \$ _____

☐ Admin. approval: Date _____ By _____

☐ Comm. Dev't Dir. ☐ Planning Div. Manager

☐ 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

☐ Primary contact

Additional parties

Business name/name <u>Precision Design</u>		E-mail <u>Judd@PDMMEG.com</u>	
Mailing address <u>10300 Laramie AVE N</u>		City <u>Grant</u>	State <u>MN</u>
Business address		City	Zip <u>55115</u>
Daytime phone <u>651-271-9540</u>	Cell phone <u>Same</u>	FAX	
Typed/printed name <u>Judd Jackson</u>		Signature 	Title <u>Pres</u>

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