

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 8602 Lyndale Avenue South		Common name Valvoline Instant Oil Change	
Business address 8602 Lyndale Avenue South, Bloomington, MN			
PIN 09 - 027 - 24 - 11 - 0128	Lot 001	Block 001	Plat name SUPERAMERICA 4TH ADDITION

Proposal Full documentation must accompany application

Construction of Dumpster Enclosure Addition - Southwest corner of existing structure and property. Shared easement for 5 VIOC parking stalls located on adjacent property to the west.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title VALVOLINE LLC (Local Representative - Mark J. Gilbertson)		E-mail MJGilbertson@Valvoline.com	
	Mailing address 100 Valvoline Way	City Lexington	State KY	Zip 40509
<input type="checkbox"/> Additional owners on Back	Business address 8602 Lyndale Avenue South	City Bloomington	State MN	Zip 55420
	Daytime phone 763 - 494 - 3380	Cell phone 612 - 991 - 6580	FAX 866 - 237 - 2079	
	Mark J. Gilbertson Typed/printed name		 Signature	
			SA. PAUL MINGR Title	

User/occupant

<input checked="" type="checkbox"/> Primary contact	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	

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

Development ApplicationCase no. **PL201700083****Complete all applicable sections — Select only ONE person as primary contact****Additional parties**☒ **Primary contact**

Business name/name K K Design		E-mail john@kkdesign.biz	
Mailing address 6112 Excelsior Blvd.	City St. Louis Park	State MN	Zip 55416
Business address 6112 Excelsior Blvd.	City St. Louis Park	State MN	Zip 55416
Daytime phone 952 - 922 - 3226	Cell phone -	FAX 952 - 922 - 3226	
John P Kosmas <i>Typed/printed name</i>		 <i>Signature</i>	
		Architect <i>Title</i>	

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 952 - 922 - 3226	
<i>Typed/printed name</i>		<i>Signature</i>	
		<i>Title</i>	

Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<i>Typed/printed name</i>		<i>Signature</i>	
		<i>Title</i>	

Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<i>Typed/printed name</i>		<i>Signature</i>	
		<i>Title</i>	

Use additional sheets or copy form for additional properties