



CITY OF
BLOOMINGTON
MINNESOTA

PL201600196
PL2016-196

Development Application

Case no.

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
9101 Old Cedar Avenue S. Bloomington, MN 55425

Common name
Palacio Del Sol Apartments

Business address

PIN
1202724320012

Lot
1

Block
1

Plat name
Orest 2nd Addition

Proposal Full documentation must accompany application

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

Fee property owner

☐ Primary contact	Owner name per property title PHD Properties		E-mail hmklug@comcast.net	
	Mailing address P.O. Box 5093	City Hopkins	State MN	Zip 55343
	Business address	City	State	Zip
	Daytime phone 952-939-6026	Cell phone	FAX	
	Helen Klug <i>Typed/printed name</i>		H K L U G <i>Signature</i>	
☐ Additional owners on Back			Owner <i>Title</i>	

User/occupant

☐ Primary contact	Business name/name		E-mail	
	Mailing address	City	State	Zip
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
☐ Additional users on Back				

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**Additional parties**

☒ Primary contact	Business name/name DJR Architecture Inc.		E-mail sengland@djir-inc.com	
	Mailing address		City	State Zip
	Business address 333 Washington Avenue North Suite 210		City Minneapolis	State MN Zip 55401
	Daytime phone 612-676-2700		Cell phone 612-676-2720	FAX
	_____ Scott England <i>Typed/printed name</i>		_____  <i>Signature</i>	
			_____ Principal <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
_____ <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