



DEVELOPMENT APPLICATION

Property Information

Property Address (if multiple addresses, list all on this form or include separate attachments)
9000 Old Cedar Ave S, Bloomington, MN 55425

Business Occupant Address (if different from property address)
 Same as above

Project Name
Application number: PL202400227

**Please note that a copy of the property/legal description may be required to be uploaded into the permit portal.*

Type of Application (select all that apply)

<input type="checkbox"/> Preliminary Development Plan	<input checked="" type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Comprehensive Plan Amendment
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/> Interim Use Permit	<input type="checkbox"/> Ordinance Amendment
<input type="checkbox"/> Final Site and Building Plan	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Rezoning
<input type="checkbox"/> Variance	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Other _____

Property Owner

Owner Name Alpha Group LLC/Ahmed Muhumud	<input checked="" type="checkbox"/> Primary Contact (only select one primary)		
Mailing Address 2626 E 82nd Street Ste 330	City Bloomington	State MN	Zip 55425
Business Address (if different from mailing address) 9000 Old Cedar Ave S	City Bloomington	State MN	Zip 55425
Email Address axmedabdi@gmail.com	Phone 612-598-9491		
	12/19/24		
Property Owner Signature	Date		

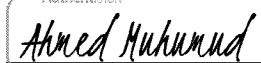
Business Occupant/Tenant (if different from property owner)

Occupant Name Bloomington Senior Center, LLV	<input checked="" type="checkbox"/> Primary Contact (only select one primary)		
Mailing Address 9000 Old Cedar Ave S	City Bloomington	State MN	Zip 55425
Business Address (if different from mailing address) Same as above	City	State	Zip
Email Address axmedabdi@gmail.com	Phone 612-598-9491		
	12/19/24		
Occupant/Tenant Signature	Date		



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Additional Representative (if applicable)

Representative Name Ahmed Muhumud		<input checked="" type="checkbox"/> Primary Contact <small>(only select one primary)</small>		
Mailing Address 2626 E 82nd Street Ste 330		City Bloomington	State MN	Zip 55425
Business Address (if different from mailing address)		City	State	Zip
Email Address axmedabdi@gmail.com		Phone 612-598-9491		
 Representative Signature		12/19/24 Date		

*Use additional copies of this form or attach additional approval letters as needed.

APPLICATION PROCESS

1. Verify application material requirements with Planning Division staff and prepare all materials for submittal. The required application materials are outlined in City Code [Chapter 21, Article V, Division A: Approvals and Permits](#). Generally, application materials will include this **signed development application, a project narrative, building elevation drawings and scaled site and civil plans**.
2. Go to [BLM.MN/PORTAL](#) and register a user account for the City's permit portal system.
3. Contact the Planning Division (planning@bloomingtonmn.gov or 952-563-8920) to have staff create a project case file for your application. The applicant cannot create a case file through the portal on their own.
4. Log into your portal user account and upload your application materials to the case file created by staff or email them directly to the Planning Division.
5. After your application materials are uploaded, log into your portal user account and pay the required application fees (see the [Planning Division Fee Schedule](#) handout).
6. Once your application fee is paid and application accepted by the Planning Division, it will then be scheduled for staff review and any required Planning Commission or City Council meetings (see the [Development Application Review Process](#) handout).