



PL201700265
PL2017-265

Development Application

Case no. **PL201700265** **PL2017-265**

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 101 American Blvd. W., Bloomington, MN 55420		Common name	
Business address 101 American Blvd. W., Bloomington, MN 55420			
PIN 0302724210015	Lot	Block	Plat name

Proposal Full documentation must accompany application

This proposal is for the re-development of the above referenced property. The existing structure will be demolished and a new multi-story self-storage facility will be constructed in its place. The new building will be approximately 120,000 square feet.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title 101 W. 79th St., LLC		E-mail tjohnson@micronmolding.com	
	Mailing address 101 American Blvd. W.	City Bloomington	State MN	Zip 55420
<input type="checkbox"/> Additional owners on Back	Business address 101 American Blvd. W.		State	Zip
	Daytime phone 952-888-4468	Cell phone	FAX 952-888-8641	
Todd K. Johnson <i>Typed/printed name</i>		 <i>Signature</i>		MP <i>Title</i>

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Micron Molding Incorporated		E-mail tjohnson@micronmolding.com	
	Mailing address 101 American Blvd. W.	City Bloomington	State MN	Zip 55420
Business address 101 American Blvd. W.		City Bloomington	State MN	Zip 55420
Daytime phone 952-888-4468	Cell phone	FAX 952-888-8641		
Todd K. Johnson <i>Typed/printed name</i>		 <i>Signature</i>		Co-President <i>Title</i>

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 _____	

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Additional parties

Primary contact

Business name/name Cascade Storage Partners, LLC		E-mail josh@pamlicoinvest.com	
Mailing address 700 E. Morehead St. Suite 100B		City Charlotte	State NC
Business address 700 E. Morehead St. Suite 100B		City Charlotte	Zip 28202
Daytime phone 720-800-2142	Cell phone 720-800-2142	FAX	
Joshua Davis		Manager	
<i>Typed/printed name</i>		<i>Signature</i>	
		<i>Title</i>	

Additional fee property owners and addresses

Business name/name		E-mail	
Mailing address		City	State
Business address		City	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
Business address		City	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
Business address		City	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