



Development Application

Case no. PL2018-105

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
9801 Lyndale Ave. S.

Common name

Business address

PIN
1502724320064

Lot 1 Block 1

Plat name
OXBORO DEVELOPMENT 1ST ADDITION

Proposal Full documentation must accompany application

Installation of entry door with window for future tenant not decided on.

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

Fee property owner

☒ Primary contact ☐ Additional owners on Back	Owner name per property title Wixon Properties LLC			E-mail	
	Mailing address 9955 Lyndale Ave. S		City Bloomington	State MN	Zip 55420
	Business address 9955 Lyndlae Ave. S		City Bloomington	State MN	Zip 55420
	Daytime phone 952-881-8862	Cell phone 612-751-5022	FAX 952-881-3362		
	Dan Wixon			owner	
	Typed/printed name		Signature		Title

User/occupant

☒ Primary contact	Business name/name N/A			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	Typed/printed name			Signature	

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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Additional parties				
☒ Primary contact	Business name/name EFH Co		E-mail Jschultz@efhco.com	
	Mailing address 2999 West County Road 42 #206		City Burnsville	State MN
			Zip 55306	
	Business address 2999 West County Road 42 #206		City Burnsville	State MN
			Zip 55306	
Daytime phone 952-890-6450		Cell phone 612-363-1304	FAX	
_____ Jim Schultz <i>Typed/printed name</i>		_____ <i>Jim Schultz</i> <i>Signature</i>		_____ Construction Mgr <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		
_____ DANIEL WILSON <i>Typed/printed name</i>		_____ <i>Daniel Wilson</i> <i>Signature</i>		_____ Pres. <i>Title</i>

Use additional sheets or copy form for additional properties