



Development Application

Case no.

PL201800113

PL2018-113

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

1701 / 1801 AMERICAN BLVD. E.

Common name

CEDAR BUSINESS CENTER

Business address

0202724110021

PIN

0202724110020 AND

Lot

Block

Plat name

Proposal Full documentation must accompany application

REQUESTING A VARIANCE TO CONSTRUCT PARKING
STALLS WITHIN SETBACK FROM A PROPOSED/FUTURE P.O.W.

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

Fee property owner☐ Primary contact

Owner name per property title

ALIDADE CEDAR I, LLC and ALIDADE CEDAR II, LLC

E-mail

rannett@alidadecapital.co

☐ Additional owners on Back

Mailing address

40900 WOODWARD AVE., SUITE 250 BLOOMFIELD HILLS

City

State

Zip

MI

48304

Business address

- SAME -

City

State

Zip

Daytime phone

248.205.7827

Cell phone

248.376.2400

FAX

248.988.8868

STEVEN J. FALISKI

AUTHORIZED SIGNOR

Typed/printed name

Signature

Title

User/occupant☐ 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 ☐ 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

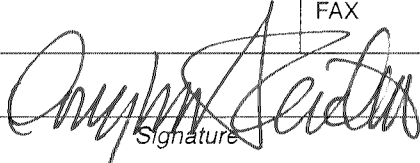
PH 952-563-8920

FAX 952-563-8949

TTY 952-563-8740

E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

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PL2018-113**Complete all applicable sections — Select only ONE person as primary contact**

Additional parties				
☐ Primary contact	Business name/name COLLIERS ARCHITECTURE		E-mail doug.feickert@colliers.com	
	Mailing address 4350 BAKER ROAD	City MINNETONKA	State MN	Zip 55343
	Business address	City	State	Zip
	Daytime phone 952 897 7836	Cell phone	FAX	
	DOUGLAS FEICKERT Typed/printed name		 Signature	
		DIR. OF DESIGN Title		

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		
_____ Typed/printed name		_____ Signature		_____ Title
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
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

Use additional sheets or copy form for additional properties