CITY OF BLOOMINGTON MINNESOTA

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	Common name
1701 / 1801 AMERICAN BLVD. E.	CEDAR BUSINESS CENTER

Business address

PIN	Lot	Block	Plat name
0202724110020 AND 0202724110021			

Proposal *Full documentation must accompany application*

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

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		E-mail	
ALIDADE CEDAR I, LLC and ALIDADE CEDAR II, LLC		rannett@alidadecapital.co	
Mailing address	City	State	Zip
40900 WOODWARD AVE., SUITE 250	BLOOMFIELD HILLS,	MI	48304
Business address	City	State	Zip
- SAME -			
Daytime phone	Cell phone	FAX	
248.205.7827	248.376.2400	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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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] — *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