



Development Application

Case no. PL2018-165 PL201800165

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
10520 FRANCE AVE S, BLOOMINGTON, MN 55431

Common name
VALLEY WEST SHOP CENTER

Business address
10592 FRANCE AVE S, BLOOMINGTON, MN 55431

PIN
19-027-24-41-0029

Lot
003

Block
001

Plat name
VALLEY WEST SHOP CENTER 2ND ADDITION

Proposal Full documentation must accompany application

Indoor inflatable playground - Application # PL2018-131

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

Fee property owner

☐ Primary contact	Owner name per property title Kraus-Anderson, Incorporated		E-mail amy.remely@krausanderson.com	
	Mailing address 501 South Eighth Street		City Minneapolis	State MN
☐ Additional owners on Back	Business address 501 South Eighth Street		City Minneapolis	State MN
	Daytime phone (612) 255-2425		Cell phone (952) 913-6541	FAX (952) 881-8114
Amy Remely-Agent for Kraus-Anderson Inc.		Amy Remely Property Manager		
Typed/printed name		Signature		Title

User/occupant

☒ Primary contact	Business name/name BOUNCING-TON		E-mail TGTHK03@GMAIL.COM	
	Mailing address 10116 STEVENS AVE S		City BLOOMINGTON	State MN
	Business address		City	State
	Daytime phone 6128767274		Cell phone 6128767274	FAX
HOANG NGUYEN		305		OWNER
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

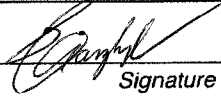
PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

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

Development Application

Case no.

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

Additional parties					
☒ Primary contact	Business name/name BOUNCING-TON			E-mail TRANGLHUYNH@GMAIL.COM	
	Mailing address 10116 STEVENS AVE S		City BLOOMINGTON	State MN	Zip 55420
	Business address		City	State	Zip
	Daytime phone 9522886172	Cell phone 9522886172	FAX		
	TRANG HUYNH <i>Typed/printed name</i>		 <i>Signature</i>	CO-OWNER <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		
<i>Typed/printed name</i>		<i>Signature</i>	<i>Title</i>	

Use additional sheets or copy form for additional properties