CITY OF BLOOMINGTON MINNESOTA

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	Common name
10520 FRANCE AVE S, BLOOMINGTON, MN 55431	VALLEY WEST SHOP CENTER

Business address
10592 FRANCE AVE S, BLOOMINGTON, MN 55431

PIN	Lot	Block	Plat name
19-027-24-41-0029	003	001	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***

☐ ***Additional owners on Back***

Owner name per property title		E-mail	
Kraus-Anderson, Incorporated		amy.remely@krausanderson.com	
Mailing address: 501 South Eighth Street	City: Minneapolis	State: MN	Zip: 55404
Business address: 501 South Eighth Street	City: Minneapolis	State: MN	Zip: 55404
Daytime phone: (612) 255-2425	Cell phone: (952) 913-6541	FAX: (952) 881-8114	

Amy Remely-Agent for Kraus-Anderson In — *Typed/printed name*
Amy Remely — *Signature*
Property Manager — *Title*

User/occupant

☑ ***Primary contact***

Business name/name		E-mail	
BOUNCING-TON		TGTHK03@GMAIL.COM	
Mailing address: 10116 STEVENS AVE S	City: BLOOMINGTON	State: MN	Zip: 55420
Business address	City	State	Zip
Daytime phone: 6128767274	Cell phone: 6128767274	FAX	

HOANG NGUYEN — *Typed/printed name*
Signature
OWNER — *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 _____	

Development Application

Case no.

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

Additional parties

☑ ***Primary contact***

Business name/name			E-mail	
BOUNCING-TON			TRANGLHUYNH@GMAIL.COM	
Mailing address	**City**		**State**	**Zip**
10116 STEVENS AVE S	BLOOMINGTON		MN	55420
Business address	**City**		**State**	**Zip**
Daytime phone	**Cell phone**	**FAX**		
9522886172	9522886172			

TRANG HUYNH	[signature]	CO-OWNER
Typed/printed name	*Signature*	*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