



Development Application

Case no.

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 Uniform Sign Design Amendment

Site location ■ Additional addresses on back ■ Legal description attached

Property address 7900 Xerxes Avenue South			Common name Wells Fargo Plaza		
Business address 7900 Xerxes Avenue South					
PIN 05-027-24-21-0003 / 05-027-24-21-0002		Lot 001 / 002	Block 002	Plat name	

Proposal Full documentation must accompany application

Amendment Application for Uniform Sign Design to allow for wall signs on the 7+ story office tower.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title G&I Viii WF Plaza LLC		E-mail krysina@ccrpilc.com		
	Mailing address 7900 Xerxes Avenue South, Suite 210	City Bloomington	State MN	Zip 55431	
<input type="checkbox"/> Additional owners on Back	Business address 7900 Xerxes Avenue South, Suite 210		City Bloomington	State MN	Zip 55431
	Daytime phone 952-835-4470	Cell phone	FAX 952-835-6712		
<u>Tracey Peebles agent</u> Typed/printed name		<u>Tracey Peebles</u> Signature		<u>Director of Property Mgmt</u> Title	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Wells Fargo Plaza		E-mail krysina@ccrpilc.com	
	Mailing address 7900 Xerxes Avenue South, Suite 210	City Bloomington	State MN	Zip 55431
Business address 7900 Xerxes Avenue South, Suite 210		City Bloomington	State MN	Zip 55431
Daytime phone 952-835-4470	Cell phone	FAX 952-835-6712		
<u>Tracey Peebles</u> Typed/printed name		<u>Tracey Peebles</u> Signature		<u>Director of Property Mgmt</u> 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 <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date	\$
<input type="checkbox"/> Admin. approval:	Date	By
		<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager
		<input type="checkbox"/> Other

Community Development
 Planning and Economic Dev.
 PH 952-563-8920
 E-MAIL planning@ci.bloomington.mn.us
 1800 W. Old Shakopee Road
 FAX 952-563-8949
 www.ci.bloomington.mn.us
 Bloomington MN 55431-3027
 TTY 952-563-8740

Case no. _____

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

Additional parties

<input checked="" type="checkbox"/> Primary contact	Business name/name Spectrum Sign Systems, Inc. (Applicant)			E-mail mary@spectrum-signs.com	
	Mailing address 8786 West 35W Service Drive NE		City Blaine	State MN	Zip 55449
	Business address		City	State	Zip
	Daytime phone 763-432-7447	Cell phone 651-775-8507	FAX 763-208-9159		
	Mary Ferraro				Office Manager
	<i>Typed/printed name</i>		<i>Signature</i>		<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 763-208-9159		
<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