

Case no. PL201800034 PL2018-34

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 USD

Site location ■ Additional addresses on back ■ Legal description attached

Property address
2901/2950/3001/3050 Metro Drive & 7801/7850/7851 Metro Parkway

Common name
Metro Office Park

Business address
3001 Metro Drive, Suite 250

PIN Lot Block Plat name

Proposal Full documentation must accompany application

USD for Metro Office Park

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 DRFC Metro LLC		E-mail jeff.lasota@frauenshuh.com	
	Mailing address 3001 Metro Drive, Suite 250	City Bloomington	State MN	Zip 55425
	Business address 3001 Metro Drive, Suite 250	City Bloomington	State MN	Zip 55425
	Daytime phone 952.829.3461	Cell phone	FAX	
	Jeff LaSota <i>Typed/printed name</i>		 <i>Signature</i>	
		Property Manager		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	
	_____ <i>Typed/printed name</i>		_____ <i>Signature</i>	
		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

Case no. _____

Complete all applicable sections — Select only ONE person as primary contact**Additional parties**☐ **Primary contact**

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>				

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