CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. PL2018-221 PL201800221

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 Boulevard E	Cedar Business Center

Business address

PIN	Lot	Block	Plat name
0202724110020 & 0202724110021			

Proposal *Full documentation must accompany application*

Requesting Final Site Plan Approval for an expansion of parking lot. Project was previously reviewed, to obtain a variance to build in the setback from future right-of-way.

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.com
Mailing address	City	State	Zip
40900 Woodward Ave, Suite 250	Bloomfield Hills	MI	48304
Business address	City	State	Zip

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, LLC		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:	

Typed/printed name: Douglas Feickert
Signature: [signature]
Title: Director of Design

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