CITY OF BLOOMINGTON MINNESOTA

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 _____

Site location ■ *Additional addresses on back* ■ *Legal description attached*

Property address	Common name
5501 American Blvd W, Bloomington, MN 55437	
Business address	

PIN	Lot	Block	Plat name
1611621240008	002	001	Jostens Addn

Proposal *Full documentation must accompany application*

Rezone from C-4 to RM50. Re-Guide from OFR to HDR. See Attached Narrative, Survey, Plat Drawings, Civil, Landscape Architectural Drawings.

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
UNITED LAND LLC/ C.O .United Prop. Invest LLC			dave.young@uproperties.com
Mailing address: 651 Nicollet Mall, Suite 450	City: Minneapolis,	State: MN	Zip: 55402
Business address: 651 Nicollet Mall, Suite 450	City: Minneapolis,	State: MN	Zip: 55402
Daytime phone: 952.837.8667	Cell phone: 612.282.7879	FAX	

Dave Young — *Typed/printed name* | *Signature* | Senior PM — *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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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	

_____________________ _____________________ _____________________
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