



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 AIRPORT ZONING PERMIT

Site location ■ Additional addresses on back ■ Legal description attached

Property address 8041/8051 33RD AVENUE SOUTH Common name BLOOMINGTON CENTRAL STATION

Business address BLOOMINGTON, MN 55425

PIN 06-027-23-23-0638/0648 Lot Block Plat name BLOOMINGTON CENTRAL STATION 6TH ADD

Proposal Full documentation must accompany application

MINOR REVISION TO THE PRELIMINARY DEVELOPMENT PLAN, FINAL DEVELOPMENT PLAN APPROVAL AND AN AIRPORT ZONING PERMIT FOR A 400-UNIT MULTIFAMILY PROJECT AT BLOOMINGTON CENTRAL STATION.

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 <u>BLOOMINGTON CENTRAL STATION, LLC</u>		E-mail <u>david.higgins@mcgough.com</u>	
	Mailing address <u>2737 FAIRVIEW AVE. NORTH</u>	City <u>ST. PAUL</u>	State <u>MN</u>	Zip <u>55113</u>
	Business address	City	State	Zip
	Daytime phone <u>(651) 634-7764</u>	Cell phone <u>(617) 510-0429</u>	FAX <u>(651) 633-5673</u>	
	<u>DAVID HIGGINS</u> Typed/printed name		<u>[Signature]</u> Signature	

VP-DEVELOPMENT
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 <u>KIMLEY-HORN AND ASSOCIATES, INC.</u>			E-mail <u>tom.lincoln@kimley-horn.com</u>	
	Mailing address <u>2550 UNIVERSITY AVE. WEST</u>		City <u>ST. PAUL</u>	State <u>MN</u>	Zip <u>55114</u>
	Business address		City	State	Zip
	Daytime phone <u>(651) 643-0453</u>	Cell phone <u>(612) 281-6194</u>	FAX		
	<u>THOMAS J. LINCOLN</u> Typed/printed name		<u>[Signature]</u> Signature		<u>SR. PROJECT MANAGER</u> 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