



# 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<br>8041 / 8051 33rd Avenue South |              | Common name<br>Bloomington Central Station |                                                       |
| Business address<br>Bloomington, MN 55425         |              |                                            |                                                       |
| PIN<br>06-027-23-23-0638/0648                     | Lot<br>Lot 1 | Block<br>Block 1                           | Plat name<br>Bloomington Central Station 6th Addition |

## Proposal Full documentation must accompany application

Minor Revision to the Preliminary Development Plan, Final Development Plan Approval, and an Airport Zoning Permit Approval for a 402-unit multifamily residential and retail development at Bloomington Central Station.

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

## Fee property owner

|                                                                                                                             |                                                                   |                              |                                     |              |  |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------|-------------------------------------|--------------|--|
| <input checked="" type="checkbox"/> <b>Primary contact</b><br><br><input type="checkbox"/> <b>Additional owners on Back</b> | Owner name per property title<br>Bloomington Central Station, LLC |                              | E-mail<br>david.higgins@mcgough.com |              |  |
|                                                                                                                             | Mailing address<br>2737 Fairview Avenue North                     | City<br>St. Paul             | State<br>MN                         | Zip<br>55113 |  |
|                                                                                                                             | Business address                                                  | City                         | State                               | Zip          |  |
|                                                                                                                             | Daytime phone<br>(651) 634-7764                                   | Cell phone<br>(617) 510-0429 | FAX<br>(651) 633-5673               |              |  |
|                                                                                                                             | David Higgins                                                     |                              | VP-Development                      |              |  |
| Typed/printed name                                                                                                          |                                                                   | Signature                    |                                     | Title        |  |

## User/occupant

|                                                 |                    |            |           |     |       |
|-------------------------------------------------|--------------------|------------|-----------|-----|-------|
| <input type="checkbox"/> <b>Primary contact</b> | 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 <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.  
1800 W. Old Shakopee Road  
Bloomington MN 55431-3027

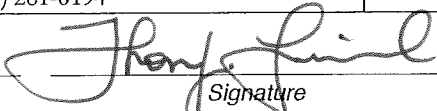
PH 952-563-8920  
FAX 952-563-8949  
TTY 952-563-8740

E-MAIL [planning@ci.bloomington.mn.us](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

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

| Additional parties                              |                                                        |                              |                                                                                                        |                                       |                                     |
|-------------------------------------------------|--------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> <b>Primary contact</b> | Business name/name<br>Kimley-Horn and Associates, Inc. |                              |                                                                                                        | E-mail<br>tom.lincoln@kimley-horn.com |                                     |
|                                                 | Mailing address<br>2550 University Avenue West         |                              | City<br>St. Paul                                                                                       | State<br>MN                           | Zip<br>55114                        |
|                                                 | Business address                                       |                              | City                                                                                                   | State                                 | Zip                                 |
|                                                 | Daytime phone<br>(651) 643-0453                        | Cell phone<br>(612) 281-6194 | FAX                                                                                                    |                                       |                                     |
|                                                 | Thomas J. Lincoln<br><i>Typed/printed name</i>         |                              | <br><i>Signature</i> |                                       | Sr. Project Manager<br><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**