CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. PL201900115 PL2019-115

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
7850 Nord Ave S	

Business address

PIN	Lot	Block	Plat name
0602724210019	001	001	Seagate 2nd Addn

Proposal *Full documentation must accompany application*

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	
SEAGATE TECHNOLOGY LLC			
Mailing address	City	State	Zip
7801 Computer Ave	Bloomington	MN	55435
Business address	City	State	Zip
10200 S DE ANZA BLVD	CUPERTINO	CA	95014
Daytime phone	Cell phone	FAX	
952-402-8390	612-723-8721	952-402-7031	

Martin Leppert — *Typed/printed name*

Martin Leppert — *Signature*

Staff Engineer — *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

Development Application

Case no. PL201900115 PL2019-115

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

Additional parties

☒ ***Primary contact***

Business name/name: JLC Inc		E-mail: ray@jlcgc.com	
Mailing address: 6221 Vincent	City: Richfield	State: Mn	Zip: 55423
Business address: Same	City	State	Zip
Daytime phone	Cell phone: 612 685-2235	FAX	

Raymond Beyrand (*Typed/printed name*) — Raymond Beyrand (*Signature*) — Proj Mgr (*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