CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. **PL201900214** **PL2019-214**

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
8001 28th Ave S Bloomington, MN 55425	Cambria Suites

Business address: 835 Sharon Drive #400 Westlake OH 44145

PIN	Lot	Block	Plat name

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: C/O Bloomington, LLC
E-mail: David C@Crisoh.com

Mailing address	City	State	Zip
835 Sharon Drive #400	Westlake	OH	44145

Business address	City	State	Zip
835 Sharon Drive #400	West Lake	OH	44145

Daytime phone	Cell phone	FAX
440 617 9385		440 617 9388

David Crisafi *Typed/printed name* — *Signature* — Managing Member *Title*

User/occupant

☐ *Primary contact*

Business name/name: Cambria Suites / C/O Bloomington LLC
E-mail: David C@Crisoh.com

Mailing address	City	State	Zip
835 Sharon Drive #400	West Lake	OH	44145

Business address	City	State	Zip
8001 28th Ave S	Bloomington	MN	55425

Daytime phone	Cell phone	FAX
440.617.9385		440 617. 9388

David Crisafi *Typed/printed name* — *Signature* — Managing Member *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 _____	