



PL201900218

Development Application

PL2019-218 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: 2051 Killebrew Dr Common name: South Loop / BLO office
 Business address: 2051 Killebrew Dr, Bloomington, MN 55425
 PIN: 01-027-24-33-0007 Lot: 001 Block: 001 Plat name: M.C.M. 1 2nd addition

Proposal Full documentation must accompany application

See separate document

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: Simon Office Parks Properties, LLC E-mail: Stephan@weber.com
 Mailing address: 2001 Killebrew Dr, Suite 100, Bloomington City: Bloomington State: MN Zip: 55425
 Business address: _____ City: _____ State: _____ Zip: _____
 Daytime phone: _____ Cell phone: 612-351-4198 FAX: _____
Stephan T. Weber [Signature] Chief Manager
 Typed/printed name Signature Title

User/occupant

Primary contact
 Business name/name: Blue Sky Online School E-mail: amy.larsen@blueskyschool.org
 Mailing address: 33 Wentworth Ave E, Suite #100, West St Paul City: West St Paul State: MN Zip: 55118
 Business address: - same - City: _____ State: _____ Zip: _____
 Daytime phone: 651-642-0888 Cell phone: 320-309-5130 FAX: 651-642-0435
Amy Larsen [Signature] Superintendent
 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

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Additional parties

<input type="checkbox"/> Primary contact	Business name/name		Kw Commercial Midwest / Kevin Peck		E-mail		Kpeck@kwcommercial.com	
	Mailing address		City		State		Zip	
	3464 Washington Dr #100		Eagan		MN		55122	
	Business address		City		State		Zip	
	3464 Washington Dr #100		Eagan		MN		55122	
Daytime phone		Cell phone		FAX				
651-262-1030		612-834-2250		651-262-1031				
Kevin Peck						Director		
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