



Development Application

Case no. PL202000028 PL2020-28

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 Platting

Site location ■ Additional addresses on back ■ Legal description attached

Property address 3700 American Boulevard East, Bloomington		Common name	
Business address 334 NE 1st Avenue, Delray Beach, Florida 33444			
PIN 06-027-23-21-0012	Lot 1	Block 1	Plat name International Airport Park 5th Addition

Proposal Full documentation must accompany application

Rosa Development Company LLLP is making application for the above referenced actions related to the development of 183 unit multifamily project. Submittal includes the following: Master Plan, Project Narrative (including peak hour & average day water demand/wastewater flow), ITE trip generation, Site Plan, Schematic Building Plan, Utility Plan, Grading & Soil Erosion & Drainage Plan, Landscape Plan.

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

Fee property owner

☐ Primary contact	Owner name per property title Rosa Development Co (Kristin Muir, Managing Director)		E-mail kristinmmuir@yahoo.com	
	Mailing address		City	State Zip
☐ Additional owners on Back	Business address 334 NE 1st Avenue		City Delray Beach	State FL Zip 33444
	Daytime phone 561-654-5433	Cell phone 561-654-5433	FAX	
	Kristin M. Muir Typed/printed name		 Signature	
			Managing Partner Title	

User/occupant

☐ Primary contact	Business name/name N/A		E-mail	
	Mailing address		City	State Zip
	Business address		City	State Zip
	Daytime phone	Cell phone	FAX	
	Typed/printed name		Signature	
		Manager 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

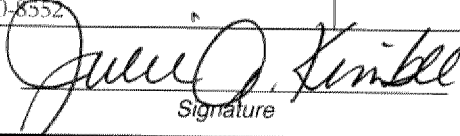
E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

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

☐ Primary contact	Business name/name KimbleCo - Owner's Representative		E-mail juliekimble@kimbleconsult.com	
	Mailing address		City	State Zip
	Business address Suite H-2, #242, 3673 Lexington Avenue		City St. Paul	State Zip MN 55126
	Daytime phone 612-670-8552	Cell phone 612-670-8552	FAX	
	Julie A. Kimble <i>Typed/printed name</i>		 <i>Signature</i>	
			CEO <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