CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. CASE FILE #PL201600215

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	Common name
8170 31st Avenue South, Bloomington, MN 55425	HealthPartners Expansion
Business address	

PIN	Lot	Block	Plat name
01-027-24-14-0016	Outlot A		BLOOMINGTON CENTRAL STATION 2nd ADD

Proposal *Full documentation must accompany application*

Major revision to the Final Development Plan for Bloomington Central Station for HealthPartners Expansion, Preliminary and Final Plat for BLOOMINGTON CENTRAL STATION 5TH ADDITION, and an Airport Zoning Permit.

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	
Bloomington Central Station LLC c/o McGough Development			mfabel@mcgough	
Mailing address	City		State	Zip
2737 Fairview Avenue North	St. Paul		MN	55113
Business address	City		State	Zip
same				
Daytime phone	Cell phone	FAX		
(651) 248-3024	(651) 248-3024	(651) 633-5673		

Mark Fabel *Typed/printed name* — *Signature* — Exec. Vice President - Dev. *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

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Additional parties

☐ **Primary contact**

Business name/name Kimley-Horn and Associates, Inc. / Thomas J. Lincoln, PE			E-mail tom.lincoln@kimley-horn.com	
Mailing address 2550 University Avenue West, Suite 238N		City St. Paul	State MN	Zip 55114
Business address same		City	State	Zip
Daytime phone 651-643-0453	Cell phone 612-281-6194		FAX	

Thomas J. Lincoln — *Typed/printed name*
[signature] — *Signature*
Senior Project Manager — *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