

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
10520 FRANCE AVE S, BLOOMINGTON, MN 55431

Common name
Valley West Shopping Center

Business address

PIN
1902724410029

Lot

Block

Plat name

Proposal Full documentation must accompany application

Conditional use permit for a drive through restaurant in an existing shopping center and outdoor seating

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 Osborne Properties		E-mail tim.marco@krausanderson.com	
	Mailing address 501 S 8th St	City Minneapolis	State	Zip 55404
	Business address	City	State	Zip
	Daytime phone	Cell phone 262-391-5604	FAX	
	Tim Marco <i>Typed/printed name</i>		Tim Marco <i>Signature</i>	

User/occupant

☐ Primary contact	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>	

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 _____	