

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

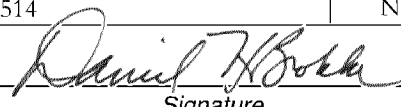
Property address 6820 Auto Club Road	Common name Bethany International		
Business address 6820 Auto Club Road			
PIN 0511521310009	Lot 18	Block 1	Plat name Hidden Bluffs

Proposal Full documentation must accompany application

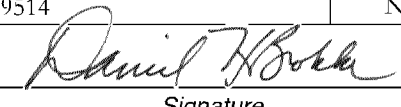
Final Site and Building Plan for a cafeteria expansion

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Bethany International	E-mail dan.brokke@bethfel.org		
	Mailing address 6820 Auto Club Road	City Bloomington	State MN	Zip 55438
<input type="checkbox"/> Additional owners on Back	Business address 6820 Auto Club Road	City Bloomington	State MN	Zip 55438
	Daytime phone 952-829-2470	Cell phone 719-930-9514	FAX N/A	
Dan Brokke <i>Typed/printed name</i>		 <i>Signature</i>		CEO/President <i>Title</i>

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Bethany Intenational	E-mail dan.brokke@bethfel.org		
	Mailing address 6820 Auto Club Road	City Bloomington	State MN	Zip 55438
<input type="checkbox"/> Additional owners on Back	Business address 6820 Auto Club Road	City Bloomington	State MN	Zip 55438
	Daytime phone 952-829-2470	Cell phone 719-930-9514	FAX N/A	
Dan Brokke <i>Typed/printed name</i>		 <i>Signature</i>		CEO/President <i>Title</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 <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 _____	

Community Development

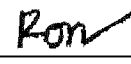
Planning and Economic Dev.
1800 W. Old Shakopee Road
Bloomington MN 55431-3027

PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

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

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

Additional parties

<input type="checkbox"/> Primary contact	Business name/name Mohagen Hansen Architecture Interiors		E-mail rpowell@mohagenhansen.com	
	Mailing address 1000 Twelve Oaks Center Drive, Suite 200	City Wayzata	State MN	Zip 55391
	Business address 1000 Twelve Oaks Center Drive, Suite 200	City Wayzata	State MN	Zip 55391
	Daytime phone 952-426-7422	Cell phone 612-590-8491	FAX 952-426-7400	
	_____ Ron Powell, AIA, NCARB, LEED AP BD <i>Typed/printed name</i>	 _____ <i>Signature</i>	_____ Project Manager <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 952-426-7400	
_____		_____	
<i>Typed/printed name</i>		<i>Signature</i>	
_____		_____	
<i>Typed/printed name</i>		<i>Signature</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>Typed/printed name</i>		<i>Signature</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>Typed/printed name</i>		<i>Signature</i>	

Use additional sheets or copy form for additional properties