



Development Application

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: 8501-8599 Lyndale Ave S Common name: Bloomington Shoppes

Business address: 8501 Lyndale Ave S

PIN: 0302724330023 Lot: _____ Block: _____ Plat name: _____

Proposal Full documentation must accompany application

Chuck & Dons is expanding the current retail pet supply store to include pet grooming and Self Wash Stations.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Bloomington Shoppes, LLC		E-mail	
<input type="checkbox"/> Additional owners on Back	Mailing address 5353 Wayzata Blvd, Suite 650	City Minneapolis	State MN	Zip 55416
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	Dennis Quinn <i>Typed/printed name</i>	<i>Dennis Quinn</i> <small>DESIGN QUALITY 126115 2501 13 JB CDF</small> <i>Signature</i>	VP, COO, CFO <i>Title</i>	

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Chuck & Dons/IPP - Stores, LLC		E-mail ap_ipphl@ipphl.com	
	Mailing address 756 Stillwater Road	City Mahtomedi	State MN	Zip 55115
	Business address 756 Stillwater Road	City Mahtomedi	State MN	Zip 55115
	Daytime phone 651-747-8704	Cell phone	FAX	
	Michael Jacob <i>Typed/printed name</i>	<i>Michael Jacob</i> <i>Signature</i>	STAFF ACCOUNTANT <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 _____