



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 attachedProperty address
9728 Lyndale Avenue S, Bloomington, MN 55420Common name
Clover Shopping Center

Business address _____

PIN
1602724140003

Lot Block

Plat name
Unplatted 16 027 24**Proposal Full documentation must accompany application**

Proposed redevelopment of west half of the existing Clover Shopping Center to include an approximately 22k SF grocer, adjacent 1,800 SF retail space, and accompanying utilities, stormwater management, landscaping, and parking.

Complete all applicable sections — Select only ONE person as primary contact**Fee property owner**

☒ Primary contact	Owner name per property title Kraus-Anderson Development		E-mail tim.marco@krausanderson.com	
	Mailing address 501 South Eighth St		City Minneapolis	State MN
	Business address Same as mailing address		City	State
	Daytime phone 612-336-6410	Cell phone 262-391-5604	FAX	
	Tim Marco		Tim Marco	
☐ Additional owners on Back	Typed/printed name		Signature	
			Title	

User/occupant

☐ Primary contact	Business name/name Lakewinds Food Co-op		E-mail DaleW@lakewinds.com	
	Mailing address 435 Pond Promenade		City Chanhassen	State MN
	Business address Same as mailing address		City	State
	Daytime phone	Cell phone	FAX	
	Dale Woodbeck		Dale Woodbeck	
☐ Additional owners on Back	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 _____		

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