

### 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 <b>7800 Picture Drive</b>			Common name <b>Schmitt Music</b>		
Business address <b>2906 West 66th Street. Edina, MN</b>					
PIN <b>1611621220003</b>		Lot <b>001</b>	Block <b>001</b>	Plat name <b>Schmitt Music</b>	

**Proposal Full documentation must accompany application**

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

### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>	Owner name per property title <b>Schmitt Hq 125 LLC</b>			E-mail	
	Mailing address <b>7800 Picture Drive</b>		City <b>Edina</b>	State <b>MN</b>	Zip <b>55439</b>
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address <b>7800 Picture Drive</b>		City <b>Edina</b>	State <b>MN</b>	Zip <b>55439</b>
	Daytime phone		Cell phone <b>651-592-5158</b>	FAX	
Peter Schmitt		Signature		CEO Title	
Typed/printed name		Signature		Title	

### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name <b>Schmitt Music</b>			E-mail <b>peter.schmitt@schmittm</b>	
	Mailing address <b>7800 Picture Dr.</b>		City <b>Edina</b>	State <b>MN</b>	Zip <b>55439</b>
Business address		City		State	Zip
Daytime phone		Cell phone <b>651-592-5158</b>		FAX	
Peter Schmitt		Signature		Title	
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

<b>Received:</b>	Date	By
<b>Reviewed:</b>	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
<b>Fee paid:</b>	Date	\$
<input type="checkbox"/> <b>Admin. approval:</b>	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](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

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

**Additional parties**

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name RJ Ryan Construction Inc			E-mail	
	Mailing address 1100 Mendota Heights Rd	City Mendota Heights	State MN	Zip 55120	
	Business address 1100 Mendota Heights Rd	City Mendota Heights	State MN	Zip 55120	
	Daytime phone	Cell phone	FAX		
	_____ <i>Typed/printed name</i>	 <i>Signature</i>	_____ <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		
_____ <i>Typed/printed name</i>			_____ <i>Signature</i>	
_____ <i>Title</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>Title</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>Title</i>				

**Use additional sheets or copy form for additional properties**