



CITY OF
BLOOMINGTON
MINNESOTA

Development Application

Case no. PL202200118 PL2022-118

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 FENCE FOR PATIO

Site location ☐ Additional addresses on back ☐ Legal description attached

Property address 517 W 98th Street, Bloomington, MN Common name OXBRO

Business address _____

PIN _____ Lot _____ Block _____ Plat name _____

Proposal Full documentation must accompany application

Having Permanent Fence for patio dining. NO NET
INCREASE IN OCCUPANCY DUE TO PATIO. INSIDE AND PATIO
OCCUPANCY IS LESS THAN 104

(CURRENT LIMIT) 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 MICHAEL SWENSON E-mail SWENSON @ MICHAELDEVELOPMENT

Mailing address 971 Sibley Memorial Hwy #300 City Lilydale State MN Zip 55118

Business address 971 Sibley Memorial Hwy #300 City Lily State _____ Zip _____

Daytime phone 651 698 3452 Cell phone 612 210 9766 FAX _____

MICHAEL SWENSON [Signature] Owner

Typed/printed name Signature Title

User/occupant

☐ Primary contact

Business name/name SAI FOODS LLC DBA AROMA INDIAN CUISINE E-mail AROMA INDIAN CUISINE @ AROMA

Mailing address 714 BENTWOOD LN City BAHAN State MN Zip 55123

Business address 517 W 98th Street City BLOOMINGTON State MN Zip 55420

Daytime phone 952 479 7154 Cell phone 214 317 5719 FAX _____

MAVEREN NARAYANASAMY M. Nayeren 07/01/2022

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 _____

Community Development

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