



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
9056 Penn Avenue South, Bloomington Minnesota 55431

Common name _____

Business address _____

PIN
0802724410065

Lot
001

Block
001

Plat name _____

Proposal Full documentation must accompany application

We intend to increase the quantity and quality of our space in the same zone type. This relocation is only 367 feet away from our current location. We are consulting experienced architects and builders in the veterinary construction field and we anticipate no impacts to other city codes.

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 VNY LLC, Venkatesh Babu		E-mail hai2venkat@gmail.com	
	Mailing address 6576 Carriage Way	City Corcoran Way	State MN	Zip 55340
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	Venkatesh Babu <i>Typed/printed name</i>		 <i>Signature</i>	
		Owner <i>Title</i>		

User/occupant

☒ Primary contact	Business name/name Nova Veterinary Clinic PLLC, Rachel Jones		E-mail rachel.jones@novavetclinic.com	
	Mailing address 5824 Dupont Avenue South	City Minneapolis	State MN	Zip 55419
	Business address 9021 Penn Avenue South	City Minneapolis	State MN	Zip 55431
	Daytime phone (952) 884-4353	Cell phone (612) 961-3297	FAX	
	Rachel E. Jones <i>Typed/printed name</i>		 <i>Signature</i>	
		Owner, DVM <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 ☐ PC ☐ CC ☐ HE
Fee paid:	Date	\$
☐ Admin. approval:	Date	By
☐ Comm. Dev't Dir. ☐ Planning Div. Manager		
☐ Other _____		