CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. PL202200127 PL2022-127

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	Common name
3700 American Boulevard East	

Business address

PIN	Lot	Block	Plat name
06-027-23-21-0012	001	001	International Airport Park 5th Addition

Proposal *Full documentation must accompany application*

See Attached

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			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone		FAX	

Typed/printed name *Signature* *Title*

User/occupant

☐ ***Primary contact***

Business name/name			E-mail	
Rosa Development Company, LLP			kristin@muirih.com	
Mailing address		City	State	Zip
334 NE 1st Avenue		Delray Beach	FL	33444
Business address		City	State	Zip
Same		Same	Same	Same
Daytime phone	Cell phone		FAX	
561-392-7777	561-654-5433		561-392-9900	

Kristin Muir — *Typed/printed name*

DocuSigned by: BAC0F980083643... — *Signature*

CEO — *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 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 www.ci.bloomington.mn.us

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Additional parties

☐ ***Primary contact***

Business name/name			E-mail	
Larkin Hoffman / William C. Griffith			wgriffith@larkinhoffman.com	
Mailing address	**City**		**State**	**Zip**
8300 Norman Center Drive, Suite 1000	Minneapolis		MN	55437
Business address	**City**		**State**	**Zip**
Same	Same		Same	Same
Daytime phone	**Cell phone**	**FAX**		
952-896-3290	612-986-7711	952-842-1738		

William C. Griffith	DocuSigned by: WILLIAM GRIFFITH F6D8611455F446...	Attorney
Typed/printed name	*Signature*	*Title*

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**		
		952-842-1738		

Typed/printed name	*Signature*	*Title*

Business name/name			E-mail	
Mailing address	**City**		**State**	**Zip**
Business address	**City**		**State**	**Zip**
Daytime phone	**Cell phone**	**FAX**		

Typed/printed name	*Signature*	*Title*

Business name/name			E-mail	
Mailing address	**City**		**State**	**Zip**
Business address	**City**		**State**	**Zip**
Daytime phone	**Cell phone**	**FAX**		

Typed/printed name	*Signature*	*Title*

Use additional sheets or copy form for additional properties