CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. PL2017-216

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: 8041/8051 33RD AVENUE SOUTH
Common name: BLOOMINGTON CENTRAL STATION
Business address: BLOOMINGTON, MN 55425
PIN: 06-027-23-23-0638/0648 | Lot | Block | Plat name: BLOOMINGTON CENTRAL STATION 2ND AND 4TH ADDITION

Proposal *Full documentation must accompany application*

PRELIMINARY AND FINAL PLAT FOR BLOOMINGTON CENTRAL STATION 6TH ADDITION
VACATION OF DRAINAGE AND UTILITY EASEMENTS AND SIDEWALK AND BIKEWAY EASEMENTS.

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: BLOOMINGTON CENTRAL STATION, LLC
E-mail: david.higgins@mcgough.com
Mailing address: 2737 FAIRVIEW AVE. NORTH | City: ST. PAUL | State: MN | Zip: 55113
Business address | City | State | Zip
Daytime phone: (651) 634-7764 | Cell phone: (617) 510-0429 | FAX: (651) 633-5673
DAVID HIGGINS (*Typed/printed name*) | (*Signature*) | VP-DEVELOPMENT (*Title*)

User/occupant

☐ *Primary contact*

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*

NOTE: Applications only accepted with ALL required support documents. See Instructions.

Deadline for agency action

60 Days: 12-15-17 120 Days 2-13-17
Planner B. Bunker DRC N/A

Shaded areas are for office use only

Received: Date 10.16.17 By M. Cuthbert
Reviewed: Date 12-4-17 By ☐ PC ☒ CC ☐ HE
Fee paid: Date 10-17-17 $ 1,210.00
☐ **Admin. approval:** Date By
☐ Comm. Dev't Dir. ☐ Planning Div. Manager
☐ Other _____

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Additional parties

☐ ***Primary contact***

Business name/name KIMLEY-HORN AND ASSOCIATES, INC.		E-mail tom.lincoln@kimley-horn.com	
Mailing address 2550 UNIV. AVE. WEST	City ST. PAUL	State MN	Zip 55114
Business address SUITE 238N	City	State	Zip
Daytime phone (651) 643-0453	Cell phone (612) 281-6194	FAX	

THOMAS J. LINCOLN — [signature] — SR. PROJECT MANAGER

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	

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