

Development Application

Case no. PL2017-216

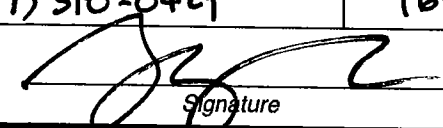
Type of application					
☒ Standard	☐ Staff approval	☐ Hearing Examiner	☐ Plan Revision	☐ Amended	☐ Reapplication
☐ Rezoning	☐ Conditional Use Permit	☐ Variance	☐ Ordinance Amendment		
☐ Preliminary Development Plan	☐ Interim Use Permit	☐ Comprehensive Plan Amendment	☒ Subdivision		
☐ Final Development Plan	☐ Final Site and Building Plan	☐ Other			

Site location		Additional addresses on back	Legal description attached
Property address <u>8041/8051 33RD AVENUE SOUTH</u>	Common name <u>BLOOMINGTON CENTRAL STATION</u>		
Business address <u>BLOOMINGTON, MN 55425</u>			
PIN <u>06-027-23-23-0638/0648</u>	Lot	Block	Plat name <u>BLOOMINGTON CENTRAL STATION 2ND AND 4TH ADDITION</u>

Proposal Full documentation must accompany application

PRELIMINARY AND FINAL PLAT FOR BLOOMINGTON CENTRAL STATION 6TH ADPTD
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	Owner name per property title <u>BLOOMINGTON CENTRAL STATION, LLC</u>		E-mail <u>david.higgins@mcgough.com</u>
☐ Additional owners on Back	Mailing address <u>2737 FAIRVIEW AVE. NORTH</u>	City <u>ST. PAUL</u>	State <u>MN</u> Zip <u>55113</u>
	Business address	City	State Zip
	Daytime phone <u>(651) 634-7764</u>	Cell phone <u>(617) 510-0429</u>	FAX <u>(651) 633-5673</u>
	Typed/printed name <u>DAVID HIGGINS</u>		Signature  Title <u>VP-DEVELOPMENT</u>

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.		Shaded areas are for office use only	
Deadline for agency action		Received:	Date <u>10.16.17</u> By <u>M. Cuthbert</u>
60 Days: <u>12-15-17</u>	120 Days: <u>2-13-17</u>	Reviewed:	Date <u>12-4-17</u> By ☐ PC ☒ CC ☐ HE
Planner <u>B. Bunker</u>	DRC <u>N/A</u>	Fee paid:	Date <u>10-17-17</u> \$ <u>1,210.00</u>
		Admin. approval:	Date By
			☐ Comm. Dev't Dir. ☐ Planning Div. Manager
			☐ Other

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Additional parties				
☐ Primary contact	Business name/name <u>KIMLEY-HORN AND ASSOCIATES, INC.</u>		E-mail <u>tom.lincoln@kimley-horn.com</u>	
	Mailing address <u>2540 UNIV. AVE. WEST</u>	City <u>ST. PAUL</u>	State <u>MA</u>	Zip <u>55114</u>
	Business address <u>SUITE 238N</u>	City	State	Zip
	Daytime phone <u>(651) 643-0453</u>	Cell phone <u>(612) 281-6194</u>	FAX	
	<u>THOMAS J. LINCOLN</u> Typed/printed name		<u>Thomas J. Lincoln</u> Signature	
		<u>SP. PROJECT MANAGER</u> 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		
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Business address	City	State	Zip	
Daytime phone	Cell phone	FAX		
_____ Typed/printed name		_____ Signature		_____ Title

Use additional sheets or copy form for additional properties