

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: 300 W 83rd Street, Bloomington 55420 Common name: Service Restoration

Business address: _____

PIN: 0302724320059 Lot: _____ Block: 004 Plat name: Raymond F Mc Donald Addn

Proposal Full documentation must accompany application

The property owner would like to upgrade the property to provide an ADA parking stall and accessible route to the door. The project will add 26 parking stalls, add an overhead door, improve the loading docks to be more usable, and add landscaping.

Complete all applicable sections — Select only ONE person as primary contact

Fee property owner

Primary contact

Owner name per property title: Integrity Commercial Capital LLC E-mail: dan.s@service-restoration.com

Mailing address: 315 Walnut St Ste 30 City: Belle Plaine State: mn Zip: 56011

Business address: _____ City: _____ State: _____ Zip: _____

Daytime phone: _____ Cell phone: 952-292-0366 FAX: _____

DAN SCHMIDT [Signature] owner
Typed/printed name Signature Title

User/occupant

Primary contact

Business name/name: Service Restoration Inc E-mail: dan.s@service-restoration.com

Mailing address: 300 W 83rd Street City: Bloomington State: mn Zip: 55420

Business address: _____ City: _____ State: _____ Zip: _____

Daytime phone: 952-403-1158 Cell phone: 952-292-0366 FAX: _____

DAN SCHMIDT [Signature] owner
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 _____

Complete all applicable sections — Select only ONE person as primary contact

Additional parties					
<input checked="" type="checkbox"/> Primary contact	Business name/name ELLIOTT Design Build, Inc.			E-mail lance@elliottdesignbuild.com	
Mailing address 5305 Wooddale Ave		City Edina		State MN	Zip 55424
Business address 7514 Oliver Ave		City Minneapolis		State MN	Zip 55424
Daytime phone 612-220-0152		Cell phone 612-220-0152		FAX	
Lance Elliott <i>Typed/printed name</i>		<i>Lance Elliott</i> <i>Signature</i>		Vice President <i>Title</i>	

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	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>		_____ <i>Title</i>	
Business name/name			E-mail		
Mailing address		City		State	Zip
Business address		City		State	Zip
Daytime phone		Cell phone		FAX	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>		_____ <i>Title</i>	
Business name/name			E-mail		
Mailing address		City		State	Zip
Business address		City		State	Zip
Daytime phone		Cell phone		FAX	
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>		_____ <i>Title</i>	

Use additional sheets or copy form for additional properties