

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

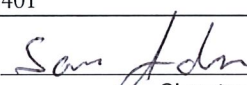
Property address 314 W 90th Street		Common name Thermo King	
Business address 314 W 90th Street			
PIN	Lot	Block	Plat name

### Proposal Full documentation must accompany application

Replace existing parking lot and install new concrete islands

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

#### Fee property owner

<input checked="" type="checkbox"/> <b>Primary contact</b>	Owner name per property title Thermo King Corporation		E-mail sam.jordan@aciasphalt.com	
	Mailing address 314 W 90th Steet	City Bloomington	State MN	Zip 55420
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address 314 W 90th Street	City Bloomington	State MN	Zip 55420
	Daytime phone 612-849-3401	Cell phone 612-849-3401	FAX 763-424-9190	
	Sam Jordan <i>Typed/printed name</i>		 <i>Signature</i>	
				Sales Representative <i>Title</i>

#### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	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>

**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

<b>Received:</b>	Date	By
<b>Reviewed:</b>	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
<b>Fee paid:</b>	Date	\$
<input type="checkbox"/> <b>Admin. approval:</b>	Date	By
	<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager	
	<input type="checkbox"/> Other _____	

# Development Application

Case no. \_\_\_\_\_

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

### Additional parties

<input type="checkbox"/> <b>Primary contact</b>	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>	

### 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**