

Case no.

PL202400143  
PL2024-143

### 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 3600 W 98th St Bloomington, MN 55431			Common name Bloomington Ice Garden		
Business address 3600 W 98th St. Bloomington, MN 55431					
PIN 1702724240008		Lot 1	Block 1	Plat name Bloomington Ice Garden Addition	

### Proposal Full documentation must accompany application

Phase 1 of Ice Garden Modernization

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

### Fee property owner

<input type="checkbox"/> <b>Primary contact</b>	Owner name per property title City of Bloomington			E-mail dwilliams@bloomingtonmn.gov	
	Mailing address 1800 W Old Shakopee Rd		City Bloomington	State MN	Zip 55431
<input type="checkbox"/> <b>Additional owners on Back</b>	Business address 3600 W 98th St		City Bloomington	State MN	Zip 55431
	Daytime phone 952-563-4535		Cell phone	FAX	
Deb Williams <i>Typed/printed name</i>		<i>Deb Williams</i> <i>Signature</i>		Capital Project Manager <i>Title</i>	

### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name			E-mail	
	Mailing address		City	State	Zip
<input type="checkbox"/> <b>Additional owners on Back</b>	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 _____	

### 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](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

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**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>		<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**