PL202300113

CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. **PL202300097**

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	Common name
See attached for multiple property addresses	

Business address

PIN	Lot	Block	Plat name

Proposal *Full documentation must accompany application*

Final Development Plan for SICK Phase 2 Office Building and Parking Structure.

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			E-mail	
SICK Product & Competence Center Americas, LLC			dave.mcginty@sick.com	
Mailing address	City		State	Zip
6900 W 110th St	Bloomington		MN	55438
Business address	City		State	Zip
6900 W 110th St	Bloomington		MN	55438
Daytime phone	Cell phone	FAX		
952.829.4885	612.391.1928			

Dave McGinty *Typed/printed name* — *Signature* — Facilities Manager *Title*

User/occupant

☑ ***Primary contact***

Business name/name			E-mail	
SICK Product & Competence Center Americas, LLC			dave.mcginty@sick.com	
Mailing address	City		State	Zip
6900 W 110th St	Bloomington		MN	55438
Business address	City		State	Zip
6900 W 110th St	Bloomington		MN	55438
Daytime phone	Cell phone	FAX		
952.829.4885	612.391.1928			

Dave McGinty *Typed/printed name* — *Signature* — Facilities Manager *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	

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Business address	

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Proposal *Full documentation must accompany application*

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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			E-mail
City of Bloomington			jverbrugge@BloomingtonMn.gov
Mailing address	**City**	**State**	**Zip**
1800 West Old Shakopee Rd	Bloomington	MN	55431
Business address	**City**	**State**	**Zip**
1800 West Old Shakopee Rd	Bloomington	MN	55431
Daytime phone	**Cell phone**	**FAX**	
952.563.8784			

James Verbrugge — *Typed/printed name* | *Signature* | City Manager — *Title*

User/occupant

☑ ***Primary contact***

Business name/name			E-mail
SICK Product & Competence Center Americas, LLC			dave.mcginty@sick.com
Mailing address	**City**	**State**	**Zip**
6900 W 110th St	Bloomington	MN	55438
Business address	**City**	**State**	**Zip**
6900 W 110th St	Bloomington	MN	55438
Daytime phone	**Cell phone**	**FAX**	
952.829.4885	612.391.1928		

Dave McGinty — *Typed/printed name* | *Signature* | Facilities Manager — *Title*

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Fee paid:	Date	$
☐ **Admin. approval:**	Date	By
	☐ Comm. Dev't Dir.	☐ Planning Div. Manager
	☐ 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
www.ci.bloomington.mn.us

Development Application

Case no. **PL202300097**

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

Additional parties

☑ ***Primary contact***

Business name/name		E-mail	
Port Authority, City of Bloomington		hmasek@BloomingtonMN.gov	
Mailing address	**City**	**State**	**Zip**
1800 West old Shakopee Road	Bloomington	MN	55431
Business address	**City**	**State**	**Zip**
1800 West old Shakopee Road	Bloomington	MN	55431
Daytime phone	**Cell phone**	**FAX**	
952.563.8879			

Holly Masek — *Typed/printed name*

Signature

Port Authority Administrator — *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* — City Manager — *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