



# Development Application

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  
4001 W 102nd St, Minneapolis, MN 55437

Common name  
Thomas Jefferson High School

Business address  
1350 106TH ST W BLOOMINGTON MN 55431

PIN  
1902724110014

Lot Block

Plat name  
Unplatted 19 027 24

## Proposal Full documentation must accompany application

Scope includes a 500sf concessions. The concessions area shall include equipment for warming food and a hand washing sink. Wall construction shall comprise of masonry backup with brick to match the existing High School. Wall finishes to include paint; ceiling finishes to include painted gyp hd. The

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

## Fee property owner

|                                                                                                                             |                                                         |  |                             |                                    |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|-----------------------------|------------------------------------|
| <input checked="" type="checkbox"/> <b>Primary contact</b><br><br><input type="checkbox"/> <b>Additional owners on Back</b> | Owner name per property title<br>Ind School Dist No 271 |  | E-mail<br>trybak@isd271.org |                                    |
|                                                                                                                             | Mailing address<br>1350 106TH ST W                      |  | City<br>BLOOMINGTON         | State<br>MN                        |
|                                                                                                                             | Business address<br>1350 106TH ST W                     |  | City<br>BLOOMINGTON         | State<br>MN                        |
|                                                                                                                             | Daytime phone<br>952-806-8766                           |  | Cell phone                  | FAX<br>952-806-8761                |
|                                                                                                                             | Timothy Rybak<br><i>Typed/printed name</i>              |  | <i>Signature</i><br>        | Director of Operat<br><i>Title</i> |

## User/occupant

|                                                 |                                    |  |                           |                       |
|-------------------------------------------------|------------------------------------|--|---------------------------|-----------------------|
| <input type="checkbox"/> <b>Primary contact</b> | Business name/name                 |  | E-mail                    |                       |
|                                                 | Mailing address                    |  | City                      | State                 |
|                                                 | Business address                   |  | City                      | State                 |
|                                                 | Daytime phone                      |  | Cell phone                | FAX                   |
|                                                 | _____<br><i>Typed/printed name</i> |  | _____<br><i>Signature</i> | _____<br><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

|                                                                                          |      |                                                                                        |
|------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------|
| Received:                                                                                | Date | By                                                                                     |
| Reviewed:                                                                                | Date | By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE |
| Fee paid:                                                                                | Date | \$                                                                                     |
| <input type="checkbox"/> Admin. approval:                                                | 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  
www.ci.bloomington.mn.us

**Development Application**

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

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

| <b>Additional parties</b>                       |                                                                                                                                                  |            |      |        |     |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|--------|-----|
| <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  |        |     |
|                                                 | <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div> |            |      |        |     |

| <b>Additional fee property owners and addresses</b> |                                                                                                                                                  |            |      |        |     |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|--------|-----|
|                                                     | Business name/name                                                                                                                               |            |      | E-mail |     |
|                                                     | Mailing address                                                                                                                                  |            | City | State  | Zip |
|                                                     | Business address                                                                                                                                 |            | City | State  | Zip |
|                                                     | Daytime phone                                                                                                                                    | Cell phone | FAX  |        |     |
|                                                     | <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div> |            |      |        |     |
|                                                     | Business name/name                                                                                                                               |            |      | E-mail |     |
|                                                     | Mailing address                                                                                                                                  |            | City | State  | Zip |
|                                                     | Business address                                                                                                                                 |            | City | State  | Zip |
|                                                     | Daytime phone                                                                                                                                    | Cell phone | FAX  |        |     |
|                                                     | <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div> |            |      |        |     |
|                                                     | Business name/name                                                                                                                               |            |      | E-mail |     |
|                                                     | Mailing address                                                                                                                                  |            | City | State  | Zip |
|                                                     | Business address                                                                                                                                 |            | City | State  | Zip |
|                                                     | Daytime phone                                                                                                                                    | Cell phone | FAX  |        |     |
|                                                     | <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>Typed/printed name</div> <div>Signature</div> <div>Title</div> </div> |            |      |        |     |

**Use additional sheets or copy form for additional properties**