



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 Change exterior surface and color of building.

Site location ■ Additional addresses on back ■ Legal description attached

 Property address
 9117 Lyndale Ave S. Bloomington MN 55420

 Common name
 Chu Vision Institute

Business address

PIN

Lot

Block

Plat name

Proposal Full documentation must accompany application

Surface brick exterior of building with white Dryvit coating.

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 Chu Holdings		E-mail jodi.chu@chuvision.com	
	Mailing address 9117 Lyndale Ave S	City Bloomington	State MN	Zip 55420
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	Jodi Chu Typed/printed name		Jodi Chu Signature	

DocuSigned by: Jodi Chu CFO

User/occupant

☒ Primary contact	Business name/name Precision Design		E-mail judd@pdmfmg.com	
	Mailing address 10300 Jamaca Ave N	City Grant	State MN	Zip 55115
	Business address	City	State	Zip
	Daytime phone 651-271-9540	Cell phone 651-271-9540	FAX	
	Judd Jackson Typed/printed name		Judd Jackson Signature	

President

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 _____	

Community Development

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