CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. PL202400164

Type of application

☐ Standard ☐ Staff approval ☐ Hearing Examiner ☐ Plan Revision ☐ Amended ☐ Reapplication

☐ Rezoning ☐ Preliminary Development Plan ☐ Final Development Plan
☐ Conditional Use Permit ☐ Interim Use Permit ☐ Final Site and Building Plan
☐ Variance ☐ Comprehensive Plan Amendment ☐ Other
☐ Ordinance Amendment ☐ Subdivision

Site location ■ Additional addresses on back ■ Legal description attached

Property address: 9117 Lyndale Ave S
Common name:
Business address: Bloomington MN 55420
PIN:
Lot: Block: Plat name:

Proposal Full documentation must accompany application

Parking Lot Expansion

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: Chr Holdings LLC
E-mail:
Mailing address: 9117 Lyndale Ave So
City: Bloomington
State: MN
Zip: 55420
Business address: Same
City:
State:
Zip:
Daytime phone: 952-542-6374
Cell phone: 612-581-8187
FAX:

Jodi Chrn — Typed/printed name
Jodi Chrn — Signature
CFO — Title

User/occupant

☒ Primary contact

Business name/name: Chr Virim Institute
E-mail:
Mailing address:
City:
State:
Zip:
Business address:
City:
State:
Zip:
Daytime phone:
Cell phone:
FAX:

Jodi Chrn — Typed/printed name
Jodi Chrn — Signature
CFO — 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	

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

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☐ ***Primary contact***

Additional parties

Business name/name Precision Design
E-mail Judd@PDMMFG.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 Same FAX

Judd Jackson — *Typed/printed name*
[signature] — *Signature*
Pres. — *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* *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*

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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