



**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: **8200 HUMBOLDT AVES.**    Common name: **Commerce Bld.**

Business address: **8200 HUMBOLDT AVES.**

PIN: \_\_\_\_\_    Lot: **1**    Block: **1**    Plat name: **INLAND PARK.**

**Proposal**    Full documentation must accompany application

**MN. LICENSED CHILD CARE CENTER**

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: **BRUCE FITZGERALD**    E-mail: \_\_\_\_\_

Mailing address: **8200 HUMBOLDT**    City: **BLOOMINGTON**    State: **MN.**    Zip: **55431**

Business address: **" "**    City: **BLOOMINGTON**    State: **MN**    Zip: \_\_\_\_\_

Daytime phone: **952-864-5311**    Cell phone: **612-385-5070**    FAX: **—**

Typed/printed name: **BRUCE FITZGERALD**    Signature: *[Signature]*    Title: **President**

**User/occupant**

Primary contact

Business name/name: **BARWAA QO CHILD CARE**    E-mail: \_\_\_\_\_

Mailing address: **8200 HUMBOLDT**    City: **BLOOMINGTON**    State: **MN**    Zip: **55**

Business address: **8200 HUMBOLDT**    City: **BLOOMINGTON**    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_    Cell phone: **952-454-0121**    FAX: \_\_\_\_\_

Typed/printed name: **Fardousa M. Aii**    Signature: *[Signature]*    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 \_\_\_\_\_