



PL201700227

## Development Application

Case no. PL201700227

## 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  
7971 SOUTHTOWN CENTER, BLOOMINGTON MN 55431Common name  
SOUTHTOWN SHOPPING CENTERBusiness address  
4210 W. OLD SHAKOPEE ROAD, BLOOMINGTON MN 55437PIN  
04-027-24-22-0011

Lot 1 Block 1

Plat name  
SOUTHTOWN SHOPPING CENTER 3RD ADD.

## Proposal Full documentation must accompany application

PLAN TO DE-MALL SECTION OF THE NEW TOWNE AREA OF SOUTHTOWN AS SHOWN ON ATTACHED. THIS WILL ELIMINATE THE MALL HALLWAY RUNNING NORTH TO SOUTH. TWO RETAIL BAYS WILL REMAIN ON THE SOUTH END ACROSS FROM THE PUBLIC RESTROOMS, WITH SOUTH MALL DOOR ACCESS REMAINING.

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

## Fee property owner

|                                                     |                                                      |  |                               |                     |                   |
|-----------------------------------------------------|------------------------------------------------------|--|-------------------------------|---------------------|-------------------|
| <input checked="" type="checkbox"/> Primary contact | Owner name per property title<br>KRAUS-ANDERSON INC. |  | E-mail<br>kvinje@karealty.com |                     |                   |
| <input type="checkbox"/> Additional owners on Back  | Mailing address<br>4210 W OLD SHAKOPEE ROAD          |  | City<br>BLOOMINGTON           | State<br>MN         | Zip<br>55437      |
|                                                     | Business address<br>SAME                             |  | City                          | State               | Zip               |
|                                                     | Daytime phone<br>952-948-9426                        |  | Cell phone<br>612-810-2308    | FAX<br>952-881-8166 |                   |
|                                                     | Kenneth M. Vinje<br>Typed/printed name               |  | Kenneth M. Vinje<br>Signature |                     | 10/17/17<br>Title |

## User/occupant

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

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