

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 Preliminary Plat

Site location ■ Additional addresses on back ■ Legal description attached

Property address: 7801-7997 Southtown Drive, Bloomington, MN 55431 Common name: Southtown Shopping Center

Business address _____

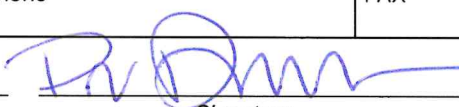
PIN: 0402724220011 Lot: _____ Block: _____ Plat name: _____

Proposal Full documentation must accompany application

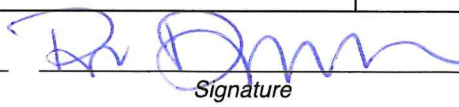
Please see the attached narrative for the full proposal. Kraus-Anderson is proposing to redevelop the northern portion of the shopping center to allow for a sporting goods store. All associated parking lot improvements, utilities, landscape, and stormwater management are also proposed to be installed.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title Kraus-Anderson, Inc.		E-mail	
	Mailing address 501 South 8th Street	City Minneapolis	State MN	Zip 55404
<input type="checkbox"/> Additional owners on Back	Business address 501 South 8th Street		State MN	Zip 55404
	Daytime phone 612-333-7281	Cell phone	FAX	
Peter Diessner			President & CEO	
Typed/printed name		Signature	Title	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Kraus-Anderson Inc		E-mail	
	Mailing address 501 South 8th Street	City Minneapolis	State MN	Zip 55404
<input type="checkbox"/> Additional owners on Back	Business address 501 South 8th Street		State MN	Zip 55404
	Daytime phone 612-333-7281	Cell phone	FAX	
Peter Diessner			President & CEO	
Typed/printed name		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 <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

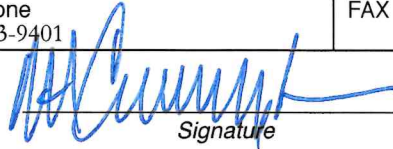
PH 952-563-8920
FAX 952-563-8949
TTY 952-563-8740

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

Additional parties				
<input checked="" type="checkbox"/>	Primary contact	Business name/name Kraus-Anderson Development Company	E-mail bob.cunningham@krausanderson.com	
		Mailing address 501 South 8th Street	City Minneapolis	State MN Zip 55404
		Business address 501 Sotuh 8th Street	City Minneapolis	State MN Zip 55404
		Daytime phone 612-255-2398	Cell phone 612-963-9401	FAX
		Robert Cunningham <i>Typed/printed name</i>	 <i>Signature</i>	Senior Vice President <i>Title</i>

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		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name		E-mail		
Mailing address	City	State	Zip	
Business address	City	State	Zip	
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name		E-mail		
Mailing address	City	State	Zip	
Business address	City	State	Zip	
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>

Use additional sheets or copy form for additional properties