CITY OF BLOOMINGTON MINNESOTA

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 _____

Site location ■ *Additional addresses on back* ■ *Legal description attached*

Property address	Common name
1750 96th St. W and 1800 96th St W	ASAP Building & Salt Shed

Business address: 1700 98th St W Bloomington, MN 55431

PIN	Lot	Block	Plat name
1602724210010 & 1602724210009	2 & 1	1	LEE STAMPING 1ST ADDITION, HENNEPIN CO

Proposal *Full documentation must accompany application*

Plat parcels as one parcel

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			E-mail
City of Bloomington			dwilliams@bloomingtonmn.gov
Mailing address	**City**	**State**	**Zip**
1800 W Old Shakopee Road	Bloomington	MN	55431
Business address	**City**	**State**	**Zip**
1800 W Old Shakopee Rd	Bloomington	MN	55431
Daytime phone	**Cell phone**	**FAX**	
952-563-4535			

Deb Williams *Typed/printed name* | Deb Williams *Signature* | Capital Project Manager *Title*

User/occupant

☐ ***Primary contact***

Business name/name			E-mail
Bloomington Public works			
Mailing address	**City**	**State**	**Zip**
1700 98th St W	Bloomington	MN	55431
Business address	**City**	**State**	**Zip**
1700 98th St W	Bloomington	MN	55431
Daytime phone	**Cell phone**	**FAX**	
952-563-8760			

Tim Behrendt *Typed/printed name* | Timothy J Behrendt *Signature* | Maintenance Superintende *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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Additional parties

☐ ***Primary contact***

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* ____

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* ____

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* ____

Use additional sheets or copy form for additional properties