

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 _____

Business address _____

PIN _____

Lot _____

Block _____

Plat name _____

Proposal Full documentation must accompany application

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

Fee property owner

☐ **Primary contact**

Owner name per property title _____

E-mail _____

☐ **Additional owners on Back**

Mailing address _____

City _____

State _____

Zip _____

Business address _____

City _____

State _____

Zip _____

Daytime phone _____

Cell phone _____

FAX _____

Typed/printed name

Signature

Title

User/occupant

☐ **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

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

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FAX 952-563-8949
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E-MAIL planning@ci.bloomington.mn.us
www.ci.bloomington.mn.us

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

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