

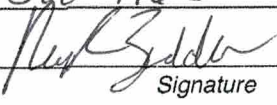
Development Application

Case no. _____

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	
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Typed/printed name Signature Title </div>			

Additional fee property owners and addresses

Business name/name		E-mail	
Regina Zeddell c/o 1000 94 th Street WFW LLC		regina.zeddell@gmail.com	
Mailing address	City	State	Zip
5425 Boone Ave N	New Hope	MN	55428
Business address	City	State	Zip
1000 W. 94th St.	Bloomington	MN	55425
Daytime phone	Cell phone	FAX	
(810) 588-7968	(810) 588-7968		
<div style="display: flex; justify-content: space-between;"> Regina Zeddell  owner </div> <div style="display: flex; justify-content: space-between;"> Typed/printed name Signature Title </div>			
Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Typed/printed name Signature Title </div>			
Business name/name		E-mail	
Mailing address	City	State	Zip
Business address	City	State	Zip
Daytime phone	Cell phone	FAX	
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Typed/printed name Signature Title </div>			

Use additional sheets or copy form for additional properties

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: 1050 W 94th St, BLOOMINGTON, MN 55420
 Common name: _____
 Business address: _____

PIN: See attached survey
 Lot: 1 Block: 1 Plat name: Whitney Addition

Proposal Full documentation must accompany application

Kwik Trip is proposing the construction of a convenience store and fuel canopy. Kwik Trip has a purchase agreement contract with the current owners.

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

Fee property owner

<input type="checkbox"/> Primary contact	Owner name per property title TJH, LLC	E-mail tholtan@comcast.net
<input checked="" type="checkbox"/> Additional owners on Back	Mailing address 1050 W. 94th St	City Bloomington
	State MN	Zip 55425
	Business address 1050 W. 94th St.	City Bloomington
	State MN	Zip 55425
	Daytime phone 952-884-4060	Cell phone 612-562-7885
	FAX	
	Tim Holtan	OWNER
	Typed/printed name	Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Kwik Trip, Inc / Emily Helwig	E-mail ehelwig@kwiktrip.com
	Mailing address 1813 Kramer Street	City La Crosse
	State WI	Zip 54602
	Business address	City
	State	Zip
	Daytime phone 608-791-7443	Cell phone
	FAX	
	Emily Helwig	Project Manager
	Typed/printed name	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 _____	

Case no. _____

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

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

Additional fee property owners and addresses

Business name/name	E-mail regina.zeddell@gmail.com	
Mailing address	City	State Zip
Business address 1000 W. 94th St.	City Bloomington	State Zip MN 55425
Daytime phone	Cell phone	FAX
<div>Regina Zeddell</div> <div>Typed/printed name Signature Title</div>		
Business name/name	E-mail	
Mailing address	City	State Zip
Business address	City	State Zip
Daytime phone	Cell phone	FAX
<div>_____</div> <div>Typed/printed name Signature Title</div>		
Business name/name	E-mail	
Mailing address	City	State Zip
Business address	City	State Zip
Daytime phone	Cell phone	FAX
<div>_____</div> <div>Typed/printed name Signature Title</div>		

Use additional sheets or copy form for additional properties