

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

<input type="checkbox"/> Primary contact	Owner name per property title			E-mail	
	Mailing address		City	State	Zip
<input type="checkbox"/> Additional owners on Back	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
_____ <i>Typed/printed name</i>		_____ <i>Signature</i>		_____ <i>Title</i>	

User/occupant

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

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.
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 TTY 952-563-8740

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	
_____		_____	
<i>Typed/printed name</i>		<i>Signature</i>	
		<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