

# COLUMBIA HEIGHTS

Community Development Department  
590 40<sup>th</sup> Ave. NE, Columbia Heights, MN 55421

## PLANNED UNIT DEVELOPMENT APPLICATION

This application is subject to review and acceptance by the City. Applications will be processed only if all required items are submitted.

### PROPERTY INFORMATION

Proposed name of development: \_\_\_\_\_  
Project Address/Location: 800 53rd Ave NE, Columbia Heights, MN, 55421  
Legal Description of property involved: See attached survey.

Present use of property General Business  
Proposed use of property Mixed Use

### PROPERTY OWNER (As it appears on property title):

Name: Steve Fisher, Medtronic, Inc.  
Mailing Address: 710 Medtronic Parkway NE  
City: Fridley State: MN Zip: 55432  
Daytime Phone: 612-963-4946 Cell Phone: 612-963-4946  
E-mail Address: steve.d.fisher@medtronic.com  
Signature/Date: \_\_\_\_\_

### APPLICANT:

Company Name (please print): Kaas Wilson Architects  
Contact Person (please print): Christian Borgan  
Mailing Address: 1301 American Blvd  
City: Bloomington State: MN Zip: 55425  
Daytime Phone: 612-284-8226 Cell Phone: 651-271-1250  
Email Address: christian.borgan@kaaswilson.com  
Signature/Date:  05/05/2025

**Disclaimer: Information submitted, including contact information shall be made available to the public, unless otherwise noted.**

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An application shall include a narrative; a vicinity map; an accurately scaled site plan showing the locations of proposed and existing buildings, existing and proposed topography, vehicular access and parking areas, landscaping, and other site features; a stormwater management plan; elevation views of all proposed buildings and structures; and any other information determined by the Zoning Administrator to be necessary. Please use the Site Plan Application Checklist as a reference for required submittal information.

REASON FOR REQUEST (please attach a written narrative describing your proposal, the intended use of the property and justification for your request.)

## FOR OFFICE USE ONLY

CASE NO: \_\_\_\_\_

APPLICATION REC'D BY: \_\_\_\_\_

DATE APPLICATION REC'D: \_\_\_\_\_

\$2,500.00 APPLICATION FEE REC'D: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_