



## Registration for Permit to Allow for the Temporary Pandemic Housing as related to the COVID-19 Pandemic

<b>Please complete the following information:</b>	
Business Name	
Business Owner	
Address	
Contact Person	
Email	
Phone	
Provider Name	
Provider Address	
Contact Person	
Email	
Phone	
<b>If the owner of the property is different than the Business Owner, complete the following information regarding the property owner:</b>	
Property Owner	
Address	
Contact Person	
Email	
Phone	
	Initial Here if written consent of the property owner has been submitted to the City
<b>Site Information (call Planning 952-563-8926 for questions)</b>	
Number of Total Units:	
Number of Units for Shelter Rental:	
Occupancy:	
Number of Parking Spaces (minimum 0.5 spaces per unit are required):	
	Initial Here if your proposal complies with Stay Safe MN requirements including the COVID-19 Preparedness Plan and State Guidelines. <b>(call Environmental Health 952-563-8978 for questions)</b>
	Initial Here if Security Plan has been submitted showing the following: <b>(call Police 952-563-4975 for questions)</b>
<ul style="list-style-type: none"> <li>• Security officers (number, training, hours, and deployment)</li> <li>• Security cameras</li> <li>• Contact information at any time of day</li> <li>• Any other information deemed necessary by the Police Chief</li> </ul>	
	Initial Here if Fire Safety Plan has been submitted. <b>(call Fire 952-563-4813 for questions)</b>

	Initial Here if your proposal complies with Minnesota State Building Code and International Property Maintenance Code (including fire resistance and occupancy). <b>(call Building 952-563-4709 for questions)</b>
	Initial Here if Management and Operation Plan has been submitted showing on the following: <b>(call Licensing 952-563-4923 for questions)</b>
	<ul style="list-style-type: none"> <li>• Property Manager (including experience and qualifications)</li> <li>• Onsite staffing and supervisory personnel</li> <li>• Staff schedules</li> <li>• Record keeping protocols</li> <li>• Code of conduct (including drug and alcohol policy, communication protocols with the City, emergency response protocols, property maintenance protocols, community outreach and communication approach, and pandemic plans for reducing the spread of disease within the facility)</li> </ul>
	<ul style="list-style-type: none"> <li>• Description of onsite services (E.g., meals and laundry)</li> </ul>
	Initial Here if Transition Plan has been submitted showing the following: <b>(call HRA 952-563-8940 for questions)</b>
	<ul style="list-style-type: none"> <li>• Strategy and timeline for returning the hotel to its licensed use</li> <li>• Next steps to connect occupants to stable housing and support services</li> </ul>
<b>Additional Requirements for Hotels not providing temporary pandemic response services prior to 02/01/2021:</b>	
	Initial Here if the following location criteria and district requirements are met: <b>(call Planning 952-563-8926 for questions)</b>
	<ul style="list-style-type: none"> <li>• Must be located within one quarter mile of a bus stop or transit station for a transit route that provides service at least every half hour during peak weekday periods and some weekend service</li> <li>• Must be located within one half mile of a non-membership based full-service grocer or pharmacy</li> <li>• Prohibited where residential uses are prohibited by the Minneapolis-St. Paul International Airport Zoning Resolution</li> <li>• Prohibited in the R-1, R-1A, RS-1, or R-3 zoning districts</li> </ul>

By signing below, I hereby certify the following:

- The information provided on this form is accurate.
- I will comply with all building code and fire code regulations and understand that violations of such codes may be grounds for revocation
- I have read and acknowledge the laws, regulations, and requirements described in City Resolution 2021-\_\_ and this form.
- I understand that additional permits or approvals may be required.
- I understand that this permit is temporary and may be rescinded or suspended as required by federal, state, or local action.
- I understand the City may inspect the commercial space any time to enforce compliance with the requirements of the laws, rules, and regulations and to suggest improvements in the interests of public health, safety, and welfare.

Business Owner Signature \_\_\_\_\_  
Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_  
Date \_\_\_\_\_

Submit completed form to: Planning Division, 1800 West Old Shakopee Road, Bloomington, MN 55431 or [planning@BloomingtonMN.gov](mailto:planning@BloomingtonMN.gov). You may request expedited review.

***Internal Use Only***

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Fire & Safety \_\_\_\_\_  
Date \_\_\_\_\_

Police \_\_\_\_\_  
Date \_\_\_\_\_

Building & Inspections \_\_\_\_\_  
Date \_\_\_\_\_

Environmental Health \_\_\_\_\_  
Date \_\_\_\_\_

Licensing \_\_\_\_\_  
Date \_\_\_\_\_

Planning \_\_\_\_\_  
Date \_\_\_\_\_

HRA \_\_\_\_\_  
Date \_\_\_\_\_