

Development Application Case no. PL202300174 PL2023-174

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Standard	Staff approval	O Hearing Exa	ıminer (Plan	Revisio	on	0 Am	ended	0	Reappl	cation			
Rezoning Preliminary D Final Develop		D Conditional Use P D Interim Use Permi Final Site and Buil	t	1989 cm		ensive F	Plan Ar	mendme	ent 	D Ordin D Subd			ment 	
		ation 🔳 Additiona	al addresse	s on ba	ck	Legal	descr	iption a	ttache	d				
Property address 8431 Lyndalc Ave	nue S						on nar unt Tir		omingto	on - :\l N.	'd 07		***************************************	
	s le Road, Scottsdale, <i>i</i>	AZ 85255								*********************	***************		***************************************	
PIN 0302724330029		Lo 00		Block 00	1	Plat na Lyndal		n						
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	Complete	all applicable sec				E perso	n as p	rimary	contac	ct				
· 13	Owner name per pr		ee prope	rty ov	vner				⊏ moil					
IJ Primary contact	Owner name per property title I lalle Properties, L.L.C.				.,				E-mail construction@discounttirc.com					
TA-1-114 1	Mailing address 20225 N Scottsdale Road			City Scottsdale				State AZ	·					
Additional owners on Back	Business address 20225 N Scottsdale Road			City Scottsdale				State Zip AZ 85255						
GT Back	Daytime phone 480-606-6000		Cell phone	20-20-20-20-20-20-20-20-20-20-20-20-20-2		00000CC1000 F911	77788079777	_I FAX						
	i∖fatthcw .Johnsor]	***************************************	N	Ho	Way Carron		~~ ₇ .	r	\gent	CCCOA MPANILLEMANCA		MANA	
	Тур	ed/printed name		100	$\Lambda_{\mathcal{A}}$	kgnatur	e				Title			
	· <u> </u>		User/oc	cupa	nt									
Primary contact	Business name/name								E-mail					
	Mailing address			City			State Zip							
	Business address				City			State Zip		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Week and A second desired			
	Daytime phone Cell phone				FAX									
											***************************************		WWW.	
	Тур	ed/printed name			9	Signatur	e				Title			
NOTE: Applica	ntions only accepted documents. See I	d with ALL required	support			Shad	ed are	as are	for <i>off</i>	ice use (only	***************************************	·	
	Deadline for age			Receiv		Date	×2000000000000000000000000000000000000		By	DO DE	A [17]		***************************************	
CO. Davis	_	-		Revie		Date Date		-	By	PC DC		ΠE		
60 Days: 120 Days		_	Fee paid: Date				By							
Planner	DR0	0		approv			mm. D	ev'! Dir		Plannin	g Div.	Manag	jer	
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Community	•	Planning and Econom 1800 W. Old Shakope Bloomington MN 554	e Road	PH FAX TTY	952-5	63-8920 63-8949 63-8740) wv			g@ci.bloo ton.mn.u web_5	IS	on.mn		

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

		Additional	parties							
Primary contact	Business name/name Total Team Cor		E-mail aaron.yanez@totalteamcor							
	Mailing address 3407 Lang Rd. Suite	A	City Houston	State TX	Zip 77092					
	Business address	, 1	City	State	Zip					
	Daytime phone 7132390540	Cell phone	8327551329	FAX						
	Aaron Yanez		Aaron Gana Signature	17	VP of Sales					
	Typed/printed name		Signáture (7	Title					
_	Additional fe	e property (owners and address	es						
	Business name/name			E-mail	E-mail					
	Mailing address		City	State	Zip					
	Business address	1	City	State	Zip					
	Daytime phone	Cell phone		FAX						
	Typed/printed name		Signature		Title					
	Business name/name			E-mail	E-mail					
	Mailing address		City	State	Zip					
	Business address	i	City	State	State Zip					
	Daytime phone	Cell phone		FAX						
	Typed/printed name		Signature		Title					
	Business name/name			E-mail	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