



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 Tax Parcel Lot Combination

Site location ■ Additional addresses on back ■ Legal description attached


Property address 333 W 86TH ST AND 401 W 86TH ST		Common name Peters Properties II, LLC	
Business address 333 w 86th st Bloomington MN 55420			
PIN	Lot 001	Block 001	Plat name Chemrex Addn

Proposal Full documentation must accompany application


Utilise the Tax Parcel Lot Combination procedure to combine 333 w 86th st and 401 w 86th st into a single parcel for the purpose of expanding the parking available for 333 w 86th structure

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact <input type="checkbox"/> Additional owners on Back	Owner name per property title Peters Properties II, LLC		E-mail roger@petersproperties.com	
	Mailing address 333 w 86th st	City Bloomington	State MN	Zip 55420
	Business address Same	City	State	Zip
	Daytime phone 612-384-6000	Cell phone 612-384-6000	FAX	
	Roger Peters <i>Typed/printed name</i>		 <i>Signature</i>	

User/occupant

<input type="checkbox"/> Primary contact	Business name/name Business Systems International, Inc		E-mail roger@refurbishedphones.com	
	Mailing address 333 w 86th st	City Bloomington	State MN	Zip 55420
	Business address Same	City	State	Zip
	Daytime phone 612-384-6000	Cell phone 612-384-6000	FAX	
	Roger Peters <i>Typed/printed name</i>		 <i>Signature</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

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