

## 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  
401 w 86th st

Common name

Business address  
333 w 86th st

PIN  
1002724220033

Lot  
001

Block  
001


Plat name  
Chemrex Addn

## Proposal Full documentation must accompany application

Utilize existing asphalt on the 401 property to create 41 parking spots that will be used as additional parking for the 333 property.

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

### Fee property owner

<input checked="" type="checkbox"/> <b>Primary contact</b>  <input type="checkbox"/> <b>Additional owners on Back</b>	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 333 w 86th st	City Bloomington	State MN	Zip 55420	
	Daytime phone 612-384-6000	Cell phone 612-384-6000	FAX 952-881-6903		
	Roger Peters <i>Typed/printed name</i>		 <i>Signature</i>		
		President		<i>Title</i>	

### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name Same		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>	

**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.  
1800 W. Old Shakopee Road  
Bloomington MN 55431-3027

PH 952-563-8920  
FAX 952-563-8949  
TTY 952-563-8740

E-MAIL [planning@ci.bloomington.mn.us](mailto:planning@ci.bloomington.mn.us)  
[www.ci.bloomington.mn.us](http://www.ci.bloomington.mn.us)

Case no. \_\_\_\_\_

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

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

<b>Additional fee property owners and addresses</b>					
	Business name/name			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	<div>_____</div> <div>Typed/printed name                      Signature                      Title</div>				
	Business name/name			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	<div>_____</div> <div>Typed/printed name                      Signature                      Title</div>				
	Business name/name			E-mail	
	Mailing address		City	State	Zip
	Business address		City	State	Zip
	Daytime phone	Cell phone	FAX		
	<div>_____</div> <div>Typed/printed name                      Signature                      Title</div>				

**Use additional sheets or copy form for additional properties**