



CITY OF
BLOOMINGTON
MINNESOTA

PL201700197
PL2017-197

Development Application

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 _____

Site location ■ Additional addresses on back ■ Legal description attached

Property address
333 W 86th St. Bloomington, MN 55420

Common name
Business Systems International

Business address
333 W 86th St. Bloomington, MN 55420

PIN

Lot

Block

Plat name

Proposal Full documentation must accompany application

We would like the opportunity to properly store our business supplies outside.

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

Fee property owner

<input checked="" type="checkbox"/> Primary contact	Owner name per property title Roger Peters <u>Peters Property LLC</u>		E-mail HIFROMROGER@GMAIL.COM	
	Mailing address 333 W 86st St.		City Bloomington	State MN
	Business address		City	State Zip
	Daytime phone 612-384-6000	Cell phone	FAX	
	Roger Peters Typed/printed name		<u>Andy Gotske</u> Signature	<u>owner operations manager</u> Title

User/occupant

<input checked="" type="checkbox"/> Primary contact	Business name/name Business Systems International <u>Peters Property LLC</u>		E-mail HIFROMROGER@GMAIL.COM	
	Mailing address 333 W 86st St.		City Bloomington	State MN
	Business address		City	State Zip
	Daytime phone 612-384-6000	Cell phone	FAX	
	Roger Peters Typed/printed name		<u>Andy Gotske</u> Signature	<u>owner operations manager</u> Title

NOTE: Applications only accepted with ALL required support documents. See Instructions.

Deadline for agency action

60 Days: _____ 120 Days: _____
Planner Mike C. DRC NO

Shaded areas are for office use only

Received:	Date <u>9/11/17</u>	By <u>M.S.H.</u>
Reviewed:	Date _____	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date <u>9/11/17</u>	\$ <u>130.00</u>
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

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TTY 952-563-8740

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