## City of Baxter **Re-zoning Application**

Application must be completed in its entirety. A non-refundable fee of \$50.00 must be submitted with application.

## **GENERAL INFORMATION:** Name of applicant (first) (middle) (last) Applicant's Phone Number: Applicant's Mailing Address: Applicant's Interest in Property: Owner Lessor Prospective Purchaser Option Holder Other: (State Relationship) If interest in property is other than owner, please list owner(s) name: NATURE AND CHARACTER OF APPLICATION: **Planning Commission** Requested Action: Property Re-zoning PROPERTY LOCATION: Address: Parcel Information: Ctl District Map Gp Parcel No. SI Present Zoning Classification Proposed Zoning Classification Description of Intended Use of Property: Reasons for Request: Applicant's Signature

Date

## **REVIEW AND ADMINISTRATION:** Meeting Date Set For:\_\_\_\_\_ Recommendations from Other Agencies, Boards or Departments: Application Reviewed by Building Inspector Date \_\_\_\_\_ Comments and Action: Application Reviewed by Planning Staff Date \_\_\_\_\_ Comments and Action: DISPOSITION Publication Date of Hearing \_\_\_\_\_ (Attach newspaper notice) Public Hearing Commentary \_\_\_\_\_ ACTION BY PLANNING COMMISSION: ACTION BY BOARD OF MAYOR AND ALDERMEN: