

City of Baxter

Planning Commission Site Plan/Plan Review Application

Project: _____ Date: _____

Site Address: _____

Name of Applicant: _____

Address: _____ Phone: _____

Email Address: _____

Name of Developer: _____

Developer's Address: _____

Developer's Phone number: _____

Tax Map: _____ Group: _____ Parcel: _____ Zone: _____

Acres: _____ Lots: _____ Units: _____

Please indicate the type of review.

Insert Plat Title	
	Preliminary Plat
	Final Plat
	Site Plan

Signature of Applicant _____