

City of Baxter
Request for Zoning Amendment

Date Paid: _____

Amount Paid: _____

Check # _____

Receipt # _____

(Date Received Stamp)

A public hearing will be conducted by the Planning and Zoning Commission with their recommendation passed to the City Council for final action on the request. All property owners within a minimum of 350 feet of your lot line will be notified by mail, by the City, of the public hearing date and time.

The applicant will be required to meet with the Baxter Zoning Administrator for a pre-application meeting. At this meeting, the applicant will receive a copy of the Conditional Use submittal requirements found in the Baxter Zoning Ordinance regarding other information that may be necessary as part of the application process. Three (3) 11x17 copies, and three (3) 8½x11 copies of all required graphics and/or materials and application forms shall be submitted as a part of a complete application. Any color documents must to be received in an electronic format at the time of submittal. (This can be in a disk format or it can be emailed to staff.) All information below must be filled out.

If the amendment involves consideration of change to the Comprehensive Plan land use map, goals and policies, or the Zoning Map for rezoning requests, the Long Range Planning Commission shall review the request and provide written comment to the City Council prior to Council action.

Name of Owner/Applicant: _____ Date: _____

Owner/Applicant Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____ (In order to receive staff report before meeting.)

Legal Description of property: _____

Property address if different from owner/applicant: _____

Please note the type of Amendment you are requesting:

_____ Zoning Map Amendment/Rezoning Request

_____ Zoning Text Amendment (cite: section of zoning code to be amended.)

_____ Comprehensive or Land Use Plan amendment. (cite: page, title of map or any illustration if applicable, and chapter.)

Briefly describe the specific request and the expected effect of the proposal: (Include copy of map or indicate ordinance section #'s if applicable.)

Page Two
Zoning Amendment Request

Description of Adjacent Land Uses and Zoning Classifications:

I hereby certify that I am the owner or authorized agent of the aforementioned property.*

Date: _____
_____ (Signature of Applicant)

Date: _____
_____ (Owner's Signature if different from applicant)

**Authorized agent may be the City of Baxter or a person with a contingency on a purchase agreement for said property. Zoning amendment, if approved, will take effect after purchase of property is final. The existing property owner is REQUIRED to sign the affidavit.*

You or a representative is required to attend the Planning & Zoning Commission. Their recommendation will be heard at the next Council meeting following the Planning & Zoning Commission meeting, unless otherwise notified. If you are unable to attend that meeting, please call Planning & Zoning at (218) 454-5109.

AFFIDAVIT

STATE OF MINNESOTA)
)SS.
COUNTY OF CROW WING)

We, the undersigned, being first duly sworn, on oath depose and state based on personal knowledge as follows, to-wit:

1. That we desire to submit the attached land use application effecting the real estate described therein.

2. That we are all of the fee owners of the said real estate, or if all of the owners have not personally signed this affidavit below, then a valid power of attorney, conservator or person acting with proper authority as demonstrated by an attached court order for each said person has signed below on their behalf.

3. That all information contained in the attached land use application submitted herewith is true and correct.

APPLICANTS (All owners or those with proper authority as described above)
Please *sign* on the left side and *print* your name on the right. All signatures must be notarized. (**If this paper is not signed, your application will be considered incomplete.)

Subscribed and sworn to before me
this ____ day of _____, 201__.

**CITY OF BAXTER
FINDINGS OF FACT
(Supporting or Denying)
ZONING AMENDMENT**

(MUST be completed by applicant or application is incomplete)

Name of Applicant: _____

Hearing Date: _____

Zoning Amendment Request: _____

1. Is the zoning amendment (change) consistent with the Baxter Comprehensive Land Use Plan?
Yes () No ()

Why or why not? _____

2. **Have there been changes in the character of development in this vicinity? Yes () No ()**

Explain: _____

3. **Is the amendment request a result of an error made in the Zoning Ordinance/Zoning Map/Land Use Plan or Comprehensive Plan?**
Yes () No ()

If so, what was the error? _____
