



CITY OF BAXTER
LAND USE APPLICATION FORM

For Internal Use Only

NOV 19 2024

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Project # 24-44
Fees Paid: \$ 600-
Escrow Paid \$ 1,000-
Receipt # 5254
Escrow Code D2444P

Type of Application (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Architectural Review | <input type="checkbox"/> Vacation (Street ROW/Easements) |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Interim Use Permit | <input type="checkbox"/> Zoning/Subdivision Ordinance Amendment |
| <input type="checkbox"/> Variance | <input type="checkbox"/> PUD, Planned Unit Development General Plan |
| <input type="checkbox"/> Sketch Plan Review | <input type="checkbox"/> PUD, Planned Unit Development Final Plan |
| <input type="checkbox"/> Administrative Subdivision | <input type="checkbox"/> Mobile/Seasonal Vending Permit |
| <input checked="" type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Shoreland Alteration Permit |
| <input checked="" type="checkbox"/> Final Plat | <input type="checkbox"/> Other _____ |

Project Name: Sullivan Mini Storage-Baxter

Property Information

Address: _____ PID Number: 40310607, 40310608, 40310609

Legal Description (attach if necessary): PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER SECTION 31, TOWNSHIP 134, RANGE 28, CROW WING COUNTY MN

Applicant Information

Name: Sullivan Thelen Storage LLC

Address: 29935 County Road 3 PO BOX 307 Merrifield MN 56465

Phone (W): 218-330-6157 Phone (H): _____ Fax: _____

Print or Type Name: Bob Sullivan Email Address: bsully@brainerd.net

Contact Person Name (If other than applicant): _____

Phone: _____ Address: _____

Owner Information

Name: Sullivan Thelen Storage LLC

Address: 29935 County Road 3 PO BOX 307 Merrifield MN 56465

Phone (W): 218-330-6157 Phone (H): _____ Fax: _____

Print or Type Name: Bob Sullivan Email Address: bsully@brainerd.net

Brief Description of Request: (Attach separate sheet, if necessary)

**COMBINE PARCELS TO CREATE A PLAT OF OUTLOT A
AND DEDICATE UTILITY EASEMENT**

If this permit is granted, I hereby certify that all work will be done as stated herein and in accordance with all applicable laws and ordinances of the State of Minnesota and the City of Baxter.

Applicant's Signature

Date

Applicant's Printed Name

Owner's Signature

Date

Owner's Printed Name