

City Of Baltic
Zoning/Rezoning Application

City of Baltic
130 St. Olaf Avenue
PO Box 327
Baltic, SD 57003

Rec'd 11/17/25

[Handwritten Signature]

Please complete the following application. If additional space is required please use a white sheet of paper. *Baltic Square LLC*

1. Name and address of each owner of the property:

Tract 2 Baltic Heights Addition to City of Baltic Min County SD
and

Tract 3A Baltic Heights Addition to City of Baltic Min County SD

2. Legal description of the land on which such Zoning/Rezoning is requested:

3. Properties street address:

523 Lonely Ave, Tracts 2 and 3A Baltic SD 57003

4. Present Zoning district classification: *B-1*

5. Applicant Name: *Baltic Square LLC*

Address: *1128 Historic 4th St PO Box 3086*

Sioux City, Iowa 51102

Daytime phone number:

712-255-8838

Cell Phone:

Bryan Shusterman

6. Description of the Zoning/Rezoning requested:

South Frontage to remain B-1, North portion to be changed to

R-3 residential. See plat map

7. Any other information concerning the property that may help clarify this Zoning/Rezoning request. *Seeking guidance from city*

Signature of the applicant:

[Handwritten Signature]

This form must be accompanied by a site plan, unless waived by the Authorized Official.

Reference, Chapter 18 of 2010 Revised Baltic Zoning Regulations.



CITY OF BALTIC
130 St. Olaf Ave., Baltic, SD 57003
605-529-5497

City of Baltic
130 St. Olaf Avenue
PO Box 327
Baltic, SD 57003

Planning & Zoning Administrator: Ryan Fods
Building Inspector: Paul Clark

Received 7/17/25
Jacey Harrington

BUILDING PERMIT APPLICATION

OWNERS NAME: Baltic Square LLC
ADDRESS: 1128 Historic 4th St. PO Box 3086
CITY: Sioux City IA. ZIP CODE: 51102
PHONE: 712-255-8838
EMAIL: Cjensen-30@live.com

OWNER SIGNATURE REQUIRED IF APPLICANT IS AGENT/CONTRACTOR

CONTRACTOR/AGENT: C&L Custom Homes LLC
ADDRESS: PO Box 65 209 W 5th St
CITY: Colton S.D ZIP CODE: 57018
PHONE: 605-610-7894
EMAIL: Cjensen-30@live.com

PERMIT FOR:

- NEW BUILD REMODEL ADDITION REPAIR/REPLACE FENCE
 RESHINGLE MOVE ON/RELOCATE OTHER _____

****Please include blueprint/drawing for your project****

VALUATION/COST: Two Million, \$ 2,000,000
SIGNATURE OF APPLICANT: [Signature]
DATE: July 16 - 2025

OFFICE USE ONLY:
DATE OF REVIEW: _____ DATE ISSUED: _____
ADDITION _____ LOT _____ BLOCK _____