

# BUILDING CODE DEPARTMENT



Phone (218) 454-5113

Fax (218) 454-5103

Email [building.department@ci.baxter.mn.us](mailto:building.department@ci.baxter.mn.us)

## COMMERCIAL APPLICATION REQUIREMENTS

### CODES ADOPTED

- A. 2007 Minnesota State Building Code (Which includes)
  - 1. 2006 International Building Code
  - 2. 2005 National electrical Code
  - 3. 2000 International Mechanical and Fuel Gas Codes
  - 4. 2007 Minnesota State Fire Code
  - 5. Minnesota rule 1311 (Rehabilitation of existing buildings)
  - 6. 2003 ICC A117.1 Accessibility Code
  - 7. Minnesota Plumbing Code 4715
  - 8. Minnesota Energy Code 7674, 7676, 7678

### Design Loads

- A. Ground snow load: 60lbs
- B. Winds speed: 90 mph
- C. Frost Depth: 60 inches
- D. Seismic zone: n/a

### Building Plans

- A. 2 full sets and 1, 11 x 17 ( Architectural wet signatures required)
  - 1. Scaled site plan including
    - a. Setbacks of all proposed and existing built improvements from property lines.
    - b. Off street parking space and ratio calculations, size of spaces noted.
    - c. Landscaping plan meeting city requirements
    - d. Exterior lighting plans both pole and wall mounted lights showing details of type and size.
  - 2. Code analysis
  - 3. Elevations
  - 4. Building sections
  - 5. Connection details
  - 6. Structural sections (signed by a structural engineer)
  - 7. Sprinkler plans (if required, one copy to the State of MN Fire Marshall)
  - 8. Fire alarm plans (if required)
  - 9. Plumbing plans (one copy to the State of MN. DOLI)
  - 10. Electrical plans

## **Submittal Documents**

- A. Specifications: 1 set
- B. Mechanical plans: ( 2 sets if not part of main plan)
- C. Energy code Analysis: 2 copies
- D. UL Listings: 1 copy on all fire stop systems and safety glazing used.
- E. Certificate of survey
- F. Utilities easement drawing and descriptions
- G. Number of water meters needed with sizes including irrigation meters

## **Storm Water Plan**

- A. Civil plans Acad.dwg & signed by a civil engineer
  - 1. Concrete Sq. Ft.
  - 2. Bituminous Sq. Ft.
  - 3. Compacted aggregate surfacing material sq. ft.
  - 4. Grass & Planters Sq. Ft.
  - 5. Building Sq. Ft.
  - 6. Lot Sq. Ft.
  - 7. 100-year storm water design with elevations, one foot contours and calculations (Acad.dwg)
  - 8. Elevation of saturated soils

## **Developers Agreement**

- A. Full legal company name of land owner
- B. Land owners full legal name and title
- C. Legal description of property

## **SAC & WAC**

- A. Floor plans for each floor with usage labeled (Acad.dwg)
- B. Water design layout with elevations (Acad.dwg)
- C. Sewer design layout with elevations (Acad.dwg)

## **Architectural Review**

- A. Elevation drawings with all mechanical and meter locations
- B. Identification of all materials used
- C. Samples of materials (when required)

**Note:** All planning and zoning requirements should be approved prior to submitting the permit application.



# COMMERCIAL PERMIT APPLICATION

Department of Community Development

13190 Memorywood Dr, Baxter, MN 56425

218-454-5113

**SITE ADDRESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

Legal description: Property ID \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

**REMINDER: Your permit application will not be accepted if you do not have all required documents which are listed on the requirements page of your application packet.**

**Property Owner/Tenant**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**Contractor/Applicant**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**Architect**

Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**The General Contractor and All Sub-Contractors are required to be listed with each permit.**

**The permit application will not be accepted without the attached completed list.**

<b>Estimated Value</b> Gen _____ Plg _____ Mech _____ \$ _____ (total all work)	<b>Yard Setbacks to Construction</b> Front _____ ft. Rear _____ ft. Right Side _____ ft. Left Side _____ ft.	<b>Size of Structure</b> Height _____ ft. Width _____ ft. Depth _____ ft. No. of Stories _____	<b>Property Dimensions</b> Width _____ ft. Depth _____ ft.	<b>Property Area or Acres</b> _____ Sq. Ft. _____ Acres	<b>OFFICE USE ONLY</b> <b><u>PRE-PAID FEES</u></b> P.R. Fee Paid Amount \$ _____ Date Paid _____ Check # _____ Receipt # _____ Name on Account _____
					<b>FLOOR AREA</b> Main Level _____ sq. ft. Second Floor _____ sq. ft. Third Floor _____ sq. ft. Garage _____ sq. ft. Crawl Space _____ sq. ft. Basement _____ sq. ft. Deck _____ sq. ft. Porch _____ sq. ft. Misc. _____ sq. ft.
<b>PERMIT APPLICANT</b> I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified hereon or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction				<b><u>Permit Application Tracking</u></b> Date Received _____ Excepted By _____ Checked By _____	



**Contractor:**

\_\_\_\_\_ (Printed Name Required) (for) \_\_\_\_\_ Company Name (If applicable)

\_\_\_\_\_ (Signature of Applicant Required) \_\_\_\_\_ (Phone Number)

**Owner-Tenant / Builder:**

\_\_\_\_\_ (Signature of Applicant Required) \_\_\_\_\_ (E-mail Address)



# CONTRACTOR & SUB CONTRACTORS & CONTACTS

(All sub contractors are *required* to be listed.)

## GENERAL CONTRACTOR

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## PROJECT MANAGER

\_\_\_\_\_  
(NAME) (OFFICE TELEPHONE NUMBER) (CELL PHONE NUMBER)

## ELECTRICAL CONTRACTOR

\_\_\_\_\_  
(NAME) (OFFICE TELEPHONE NUMBER) (CELL PHONE NUMBER)

## MASTER PLUMBER

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## SEPTIC INSTALLER

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## SEPTIC DESIGNER

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## EXCAVATOR

City Registration Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## ROOFER

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## FRAMER

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## CONCRETE

City Registration Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## INSULATION

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## SIDING

State License Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)

## MECHANICAL

City Registration Number \_\_\_\_\_

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE NUMBER)



# ELECTRICAL PERMIT APPLICATION

Building.department @ci.baxter.mn.us

13190 Memorywood Dr, Baxter, MN 56425 218-454-5113

**SITE ADDRESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

Legal description: Property ID \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

**Property Owner/Tenant**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**Electrical Contractor / Applicant**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Contractors License Number: \_\_\_\_\_ Master License Number: \_\_\_\_\_

A license number is not required if an owner is wiring their own home

Check here if you are doing the work yourself.

**Type of electrical work:** New \_\_\_\_\_ Remodel \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_  
Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

**Description of work:** \_\_\_\_\_

**Please check all that apply:**

\_\_\_\_\_ Addition \_\_\_\_\_ Garage \_\_\_\_\_ Sign \_\_\_\_\_ Other  
\_\_\_\_\_ Air Cond. \_\_\_\_\_ Basement \_\_\_\_\_ Electrical Heat  
\_\_\_\_\_ Furnace \_\_\_\_\_ Pool/Spa/Hot tub \_\_\_\_\_ Sprinkler  
\_\_\_\_\_ Service Temp. \_\_\_\_\_ Sub Panel \_\_\_\_\_ Transformer

**See second page for complete fee schedule.**

**All wiring shall be inspected before insulation or other covering is installed. Inspector shall be notified for rough-in and final inspection. Permits expire 6 months and shall be renewed thereafter.**

**Call for inspection 24 hours in advance for inspection. To schedule an inspection call (218)454-5113).**

**Permit fees**

Electrical Permit: \_\_\_\_\_

State Surcharge: \_\_\_\_\_

Total fees: \_\_\_\_\_

Date: \_\_\_\_\_

Check No: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**Signatures**

I hereby certify with my signature that all data on this application is true and correct to the best of my knowledge.

**Contractor:**

\_\_\_\_\_ (for) \_\_\_\_\_  
(Printed Name) (company)

\_\_\_\_\_ (Signature of Applicant Required) \_\_\_\_\_  
(Phone Number)

**Homeowner / Builder:**

\_\_\_\_\_ (E-Mail Address)  
(Signature of Applicant Required)

# Fee Schedule

## New Dwelling Feeder/Circuits

Up to 30 Feeder/Circuits \$100.00

Total: \$ \_\_\_\_\_

In addition to above, more than 30 Circuits up to 200A @ \$6.00 each

Total: \$ \_\_\_\_\_

## Existing Dwelling/Remodel/Addition

Up to 15 Feeders/Circuits @ \$6.00

Total: \$ \_\_\_\_\_

16 to 30 Feeders @ \$100.00

Total: \$ \_\_\_\_\_

## New Multi-Family Dwellings (per unit)

\$70.00 each (up to 20 Feeders/Circuits)

Total: \$ \_\_\_\_\_

Additional Circuits above 20 allowed @ \$6.00 each

Total: \$ \_\_\_\_\_

Concrete-Encased Electrode Inspection \_\_\_\_\_ @ \$35.00 each

Total: \$ \_\_\_\_\_

## Service/Power Supply (New/Existing)

\_\_\_\_\_ 0-400 amps @ \$35.00

Total: \$ \_\_\_\_\_

\_\_\_\_\_ 401-800 amps @ \$60.00

Total: \$ \_\_\_\_\_

\_\_\_\_\_ Above 800 amps @ \$100.00

Total: \$ \_\_\_\_\_

## Feeders/Circuits (New/Existing)

\_\_\_\_\_ 0-200 amps @ \$6.00

Total: \$ \_\_\_\_\_

\_\_\_\_\_ Above 200 amps @ \$15.00

Total: \$ \_\_\_\_\_

\_\_\_\_\_ Reconnected Feeder/Circuits @ \$2.00

Total: \$ \_\_\_\_\_

## Transformers

0-10 KVA @ \$15.00 each

Total: \$ \_\_\_\_\_

Over 10 KVA @ \$30.00 each

Total: \$ \_\_\_\_\_

Street, parking lot or outdoor lighting standards \_\_\_\_\_ @ \$5.00

Total: \$ \_\_\_\_\_

## Electric Signs and Outline Lighting

\_\_\_\_\_ Transformers/Power Supplies @ \$5.00 each

Total: \$ \_\_\_\_\_

Special Inspection @ \$80.00 per hour

Total: \$ \_\_\_\_\_

Re-inspection Fee @ \$35.00 each trip

Total: \$ \_\_\_\_\_

Minimum Fee \$35.00

Total: \$ \_\_\_\_\_

Add State Surcharge on ALL Permits

Total: \$ \_\_\_\_\_ .50

Permit Total: \$ \_\_\_\_\_

## Misc. Electrical Fee Schedule

Technology Systems Devices \_\_\_\_\_ @ .75 cents each **Total: \$ \_\_\_\_\_**

Manufactured Home Park Lot Supply \_\_\_\_\_ @ \$35.00 **Total: \$ \_\_\_\_\_**

Luminarie Retrofit Modifications \_\_\_\_\_ @ .25 cents each **Total: \$ \_\_\_\_\_**

Separate Bonding Inspections for Swimming Pools  
& Equipotential Planes \_\_\_\_\_ @ \$35.00 each **Total: \$ \_\_\_\_\_**

Center Pivot Irrigation Booms \_\_\_\_\_ @ \$35.00 each **Total: \$ \_\_\_\_\_**  
Plus \_\_\_\_\_ Electrical Drive Units @ \$5.00 each **Total: \$ \_\_\_\_\_**

Recreational Vehicle Site Supply Equipment  
\_\_\_\_\_ Circuits Originating in the Equipment @ \$6.00 each **Total: \$ \_\_\_\_\_**

Investigative Fee \$70.00 OR the Total Inspection Fee  
Whichever is greater up to \$1,000.00 **Total: \$ \_\_\_\_\_**



# PLUMBING PERMIT APPLICATION

Building.department @ci.baxter.mn.us

13190 Memorywood Dr, Baxter, MN 56425 218-454-5113

SITE ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Legal description: Property ID \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

### Property Owner/Tenant

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

### Contractor / Applicant

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

### Master Plumber

Name \_\_\_\_\_ State Plumbers Lic # \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

### Type of Work:

- Commercial       New       Alteration
- Residential       Repair       Future fixture

Loca- tion	WTR CLOS	BATH TUB	SINK	LAV	LAUN TUB	FLR DRN	SHWR	WASH MACH	URIN	WTR HTR	GARB DISP	SLOP SINK	DRK FTN	DISH WASH	GRS TRAP
Bsmt															
2nd															
3rd															
4th															

Other work (Description)

Value (including labor): \$ \_\_\_\_\_

#### Fee Schedule

Residential & Commercial projects:  
 \$11.00 + \$8.00 per fixture  
 \$40.00 minimum fee  
 Add State Surcharge (\$.50 min) –

\*\*\* Homeowners performing their own work MUST Complete reverse side \*\*\*

#### Notice

This permit becomes null and void if work or construction authorized is not commenced within 180 days or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

#### Signatures

Contractor: \_\_\_\_\_ for (company) \_\_\_\_\_

Homeowner-Builder: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

#### Permit fees:

\_\_\_\_\_

State Surcharge: \_\_\_\_\_

Total fees: \_\_\_\_\_

Date \_\_\_\_\_

Check No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Name on Account: \_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Affidavit of Owner Performing Plumbing Work in Homestead

Property Address \_\_\_\_\_

Legal description:

Property ID \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

The undersigned is the owner of the real property described above, occupies and homesteads said property. The owner has applied for a plumbing permit and **will perform the actual work** covered by the permit at said property; pursuant to Section 10-1-3 D1 of the City Code of Baxter.

Homeowner \_\_\_\_\_

Date \_\_\_\_\_

Signature

\_\_\_\_\_

Printed name

Notary

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 200\_

\_\_\_\_\_  
\_\_\_\_\_

**State Surcharge Calculations**



# MECHANICAL (HVAC) PERMIT APPLICATION

Building.department @ci.baxter.mn.us

13190 Memorywood Dr, Baxter, MN 56425 218-454-5113

**SITE ADDRESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

Legal description: Property ID \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

**Property Owner/Tenant**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**Contractor / Applicant**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**Electrician**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

**Type of Work:**

Residential (or) Commercial

New construction (or) Alterations

- Air Exchanger (12)
- Rooftop units (05)
- Heating system (01)
- Ventilation (03)
- Central Air (02)
- Infrared Heaters (06)
- Gas piping (04)
- Inspection scheduled

**Description** (Include unit make & model if applicable)

**Value** (including labor): \$ \_\_\_\_\_

**Fee Schedule**

<b>Under \$500</b>	\$25.00 (Residential )	\$40.00 (Commercial)
<b>501 – 1,000</b>	\$25 plus 2.50% of amount over \$500 (or Min Commercial)	
<b>1,001 – 5,000</b>	\$35 plus 2.25% of amount over \$1,000 (or Min Commercial)	
<b>5,001 – 10,000</b>	\$125 plus 2.00% of amount over \$5000	
<b>10,001 – 25,000</b>	\$225 plus 1.75% of amount over \$10,000	
<b>25,001 – 50,000</b>	\$490 plus 1.50% of amount over \$25,000	
<b>50,001 and over</b>	\$875 plus 1.25% of amount over \$50,000	
-- Add Plan review 65% X above fees & State Surcharge 0.05% X Value of work (\$.50 min)		

**Permit fees:**

\_\_\_\_\_

**State Surcharge:** \_\_\_\_\_

**Total fees:** \_\_\_\_\_

Date \_\_\_\_\_

Check No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Name on Account: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\* Mechanical plan MUST be submitted with application to Building department for approval \*\*\***

**Notice**

Separate permits are required for Electrical. This permit becomes null and void if work or construction authorized is not commenced within 180 days or work is suspended or abandoned for a period of 180 days at any time after work is commenced

**Signatures**

**Contractor:** \_\_\_\_\_ for (company) \_\_\_\_\_

**Homeowner-Builder:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Venting Verification

### New Furnace:

BTU Venting \_\_\_\_\_

Type of venting required \_\_\_\_\_

Type of combustion air required \_\_\_\_\_

Type of fuel \_\_\_\_\_

### Existing Venting:

Diameter \_\_\_\_\_

Type of venting \_\_\_\_\_

Combustion air \_\_\_\_\_

Reuse existing venting     Yes --  No

New fuel source             Yes --  No

**Authorized Applicant** \_\_\_\_\_

Signature

\_\_\_\_\_  
Printed Name

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_



# BUILDING CODE DEPARTMENT

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13190 Memorywood Dr, Baxter, MN 56425 218-454-5113

## Description on Scope of Work

- New Construction       Remodel/Addition       Garage       Deck

1. Concrete Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Framing Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Plumbing Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Mechanical Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Electrical Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY OF BAXTER  
COMMERCIAL STATEMENT OF AGREEMENT

SUMMARY OF BUILDING REQUIREMENTS

2006 INTERNATIONAL BUILDING CODE  
2007 STATE AMENDMENTS TO 2006 IBC  
2007 MN STATE BUILDING CODE  
2009 MN STATE PLUMBING CODE

2009 STATE MECHANICAL CODE  
2009 MN STATE ENERGY CODE  
MN ACCESSIBILITY CODE  
Plumbing, Mech. & Elec. permits by independent contractors

I AS SIGNER OF THE PERMIT  
AGREE TO THE FOLLOWING:

**I will**

- \_\_\_\_\_ Place on site a valid permit prior to starting project
- \_\_\_\_\_ Call for all of the required inspections
- \_\_\_\_\_ Request inspections 24 working hours in advance

\_\_\_\_\_ **I understand if I do not have:**

- *The site posted with the address number,*
- *The permit & check list posted on site prior to inspection,*
- *The requested inspection ready,*

the inspector **will not** complete the inspection and I (applicant) am responsible to re-schedule when items are posted.

\_\_\_\_\_ I agree to comply with all requirements of the codes and city ordinances and will require all sub-contractors to be in strict compliance. If I am not familiar with or don't understand the requirements, I will seek professional advice

\_\_\_\_\_ I understand the inspections listed on this page are not limited to or exclude any special inspections if noted on the plans and/or the permit card with an "X" by the required inspection. I also understand that this is a partial list and is not intended to be in its entirety.

By **initialing each item and signing below** I acknowledge that **I have read, understand and agree to the requirements** listed and will follow all City requirements, Ordinances and State Codes,

INSPECTIONS

**Site**-Shall be staked at building location and all property pins located and visible for inspection. Lot corners, set backs, size and location of building and accessory buildings, Driveway locations. Site address shall be posted at this time.

**Concrete Slab** – All slabs.  
(Forms placed, rebar hung, poly placed prior to inspection)

**Footing**-Prior to pouring.  
(Forms to be placed and rebar hung prior to inspection)

**Foundation- Drain Tile** - prior to backfilling.  
The damp proofing shall be inspected.

**Poured Walls**-prior to pouring concrete.  
(All rebar and forms in place)

**Electrical**-inspection required by State Electrical Inspector.  
*The final inspection shall be completed prior to occupancy.*

**Framing**-required, All windows and doors installed and **prior to** insulation. Lumber shall be stamped and trusses shall be engineered. Energy trusses on the home are encouraged.

**Plumbing**-required. a master plumber is required to be at all tests. Back flow preventers are required.  
*(Three inspections required; Underground, Rough In & Final)*

**Mechanical**-require a Rough-in, Gas line air test (1 hour @ 25#), and a Final inspection.

**Insulation**-Prior to covering. Requirements must meet Category 1 or the New Energy Code.

**Septic/Sewer/Compliance** required

**Final**-"Certificate of Occupancy" required prior to occupying the building.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant



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## ARCHITECT OF RECORD INFORMATION

**SITE ADDRESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

Legal description: Property ID \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

As the Architect of record I hereby certify that the plans submitted to the City were completed by me or under my direct supervision, and that I am a duly registered architect under the laws of the State of MN.

FIRM: \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### Signatures

**Architect:** \_\_\_\_\_  
Printed Name Signature

for: \_\_\_\_\_ Date: \_\_\_\_\_  
(Company Name)

**License Number:** \_\_\_\_\_



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## OWNERS AFFIDAVIT

**SITE ADDRESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

Legal description: Property ID \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

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 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.
2. That we are in approval of the permit application submitted on \_\_\_\_\_ (*date*) to the City of Baxter for *changes, alterations, new building and/or additions to the building/land at* \_\_\_\_\_  
(*Address, City, State*)
3. That we are knowledgeable of the permit application design and/or changes to the said property and approve of such work being done on/to the property.
4. That all information contained in the attached permit application submitted herewith is true and correct.

### OWNERS

(*All owners or those with proper authority as described above*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Owner to complete and return to:  
**City of Baxter**  
**Building Code Department**  
**P.O. Box 2626**  
**Baxter, MN 56425**

# BUILDING CODE DEPARTMENT



Phone (218) 454-5113  
 Fax (218) 454-5103  
 E-mail building.department@ci.baxter.mn.us

## Special Inspection And Testing Schedule

Special Inspections must comply with Uniform Building Code Section 306.  
 This schedule to be filled out and included with the building permit application.

**PROJECT NAME** \_\_\_\_\_ **Project Address** \_\_\_\_\_  
**LOCATION** \_\_\_\_\_ **Project No.** \_\_\_\_\_

Technical Section	(2) Article	Description (3)	Type of Firm (4)	Report Frequency (5)	Assigned Firm (6)

Note: **This schedule shall be filled out and included in a Special Structural Testing and Inspection Program.**  
 (If not otherwise specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained in the State Building Code and as modified by the state adopted IBC.)

\*A complete specification-ready program can be downloaded directly by visiting CASE/MN at [www.cecm.org](http://www.cecm.org)\*

- (1) Permit Number to be provided by the Building Official.
- (2) Referenced to the specific technical scope section in the program.
- (3) Use descriptions per 2000 IBC Chapter 17, Section 1704 as adopted by Minnesota (4) State Building Code.
- (5) Special Inspector-Technical (SIT); Special Inspector-Structural (SIS)
- (6) Weekly, monthly, per test/inspection, per floor, etc.
- (7) Name of Firm contracted to perform services.

### Acknowledgements

Each appropriate representative must sign below:

Owner _____	Firm: _____	Date: _____
Contractor _____	Firm: _____	Date: _____
Architect _____	Firm: _____	Date: _____
SER _____	Firm: _____	Date: _____
SI _____	Firm: _____	Date: _____
SI _____	Firm: _____	Date: _____
TA _____	Firm: _____	Date: _____
TA _____	Firm: _____	Date: _____
F _____	Firm: _____	Date: _____
F _____	Firm: _____	Date: _____

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified as an attachment.

Legend: SER = Structural Engineer of Record      SI = Special Inspector  
 TA = Testing Agent      F = Fabricator

Accepted for the Building Department by \_\_\_\_\_ Date \_\_\_\_\_