



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

Location	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 (\$5.00 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