



- 1) A permit application and construction documents shall be submitted for each installation of a temporary structure. (IBC 3103.2) The construction documents shall include:
 - 1) Site Plan Showing
 - a) Property lines
 - b) All structures on lot
 - c) Location of temporary structure
 - d) Information delineating the means of egress
 - e) Occupant load

*Additional Submittal items may be required.
- 2) The temporary structure shall be removed within 180 days from date of permit. All tents and membrane structures shall comply with the International Fire Code, International Building Code and other Codes as required. IBC 3103.1
- 3) The structure shall have a maximum exit access travel distance of 100 feet (IBC 3103.4)
- 4) The means of egress shall have a headroom height of 7 feet.
- 5) Temporary structures used for the sale of fireworks shall comply with the International Fire Code and NFPA 1124.



TEMPORARY STRUCTURE PERMIT APPLICATION

Department of Community Development

13190 Memorywood Dr, Baxter, MN 56425

218-855-5113

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.

Estimated Value Gen _____ Plg _____ Mech _____ \$ _____ (total all work)	Yard Setbacks to Construction Front _____ ft. Rear _____ ft. Right Side _____ ft. Left Side _____ ft.	Size of Structure Height _____ ft. Width _____ ft. Depth _____ ft. No. of Stories _____	Property Dimensions Width _____ ft. Depth _____ ft.	Property Area or Acres _____ Sq. Ft. _____ Acres	OFFICE USE ONLY <u>PRE-PAID FEES</u> P.R. Fee Paid Amount \$ _____ Date Paid _____ Check # _____ Receipt # _____ Name on Account _____
					PERMIT FEE TOTAL Total of Fees due \$ _____ Less P.R. Pre-pay \$ _____ Total Due \$ _____ Date Paid _____ Check # _____ Receipt # _____ Name on Account _____
FLOOR AREA 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.		REQUIRED INFORMATION Type of Const. _____ Bldg. Use _____ Occp. Group _____ Occp. Load _____ Zoning District _____ Fire Sprinkler _____		Information Verified By City Yes No	
PERMIT APPLICANT 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 heron 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					<u>Permit Application Tracking</u> Date Received _____ Excepted By _____ Checked By _____



Contractor:

_____ (Printed Name Required) (for) _____ Company Name (If applicable)

_____ (Signature of Applicant Required) _____ (Phone Number)

Owner-Tennant / 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)



BUILDING CODE DEPARTMENT

Building.department@ci.baxter.mn.us

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

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