



BUILDING CODE DEPARTMENT

Building.department@ci.baxter.mn.us

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

RESIDENTIAL 1 & 2 Family Dwellings

INFORMATION NEEDED

Three or more dwelling Units require use of IBC and Accessibility requirements. Please use Commercial Packet.

____ **SITE PLAN** – *(All Construction)*

- ✓ Showing all property lines and dimensions
- ✓ Driveway location (must be exact showing distance from front property pins to center at street)
- ✓ Location of project (with accurate dimensions from the project to the property lines.)

____ **PLAN DRAWINGS** – *(All Construction)*

- ✓ **Two (2)** complete sets of plans, 1 full size, 1 set 11 x 17
- ✓ Show in detail the type of construction and material to be used.

These plans shall include at least but are not limited to the following:

- ✓ Site Plan
- ✓ Floor Plan (each level)
- ✓ Detailed Wall Sections (walls, stairs, decks, egress windows, grade etc.)
- ✓ Elevation Views (each side) & Elevation of deck if applicable

____ **SEPTIC DESIGN** – *(New homes & additions, remodels, etc.)*

- ✓ Two (2) complete sets of the design and all computations.
- ✓ A **certificate of compliance** will be required for any on site septic system that is 5 years old or older or that has a certificate of compliance that is more than three years old or older)

____ **ENERGY CODE CALCULATIONS & FORMS** –

- ✓ Form must be filled out completely and in detail.
(The use of the MNCheck print out is acceptable, window sizes must accompany)

____ **PERMIT APPLICATION FORM** –*(All Construction)*

- ✓ Permit application form must be completed fully and be signed by the permit applicant.
- ✓ A complete legal description is required for all **NEW LOT** applications.
- ✓ Plumbing & Mechanical permits to be pulled by the independent contractors.

____ **CONTRACTORS REGISTRATION** – *(All Construction)*

- ✓ All Contractors and Sub-Contractors *are required* to be registered with the City of Baxter.

____ **STATE LICENSE** – *(All Construction)*

- ✓ Contractors License number must be on file with the City of Baxter.

____ **STATEMENT OF AGREEMENT** – *(All Construction)*

- ✓ Shall be signed and returned with above information.

NOTICE: If any of the above items have not been met, the permitting process will not be able to be completed; this will delay your start time for your project. If you have any questions please feel free to ask, a question now may save time and money later.



RESIDENTIAL PERMIT APPLICATION

Site Address _____ Date _____

Legal Description (*required only if no address*) Parcel # _____ Lot _____ Block _____ Addition _____

Property Owner

Name: _____ Phone Number: _____
 Address _____

**All contractors must be registered with the City of Baxter Annually
 All Pre 1978 Remodels must submit lead abatement certification**

Contractor/Applicant

Name _____ Phone Number _____
 Address _____ License # _____
 E-mail _____ Lead Abatement Cert. _____

Architect/Engineer

Name _____ Phone Number _____
 Address _____ License # _____
 E-mail _____

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

Estimated Value _____		Use and Occupancy _____		Year Built _____	
Dimensions _____		Sprinklers _____		Lot Size _____	
Yard Setbacks	Front _____	Side _____	Rear _____	Other _____	
Floor Area	Main Level _____	Second Level _____	Third Level _____	Garage _____	
	Crawl Space _____	Basement _____	Deck _____	Porch _____	

For Office Use Only

Plan Review Fee _____ Date Paid _____ Check # _____
 Permit Fee _____ Revd by _____ Receipt # _____

Applicant Name:

Signature _____
 Printed Name _____

Inspections must be called for at least 24 hours in advance (218)454-5113

Building Department: www.ci.baxter.mn.us
cityhall@ci.baxter.mn.us

City of Baxter
 13190 Memorywood Dr.
 Baxter, Mn 56425



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

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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:

_____ (Signature of Applicant Required) _____
(E-Mail Address)

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

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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 (\$.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

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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

Under \$500	\$25.00 (Residential)	\$40.00 (Commercial)
501 – 1,000	\$25 plus 2.50% of amount over \$500 (or Min Commercial)	
1,001 – 5,000	\$35 plus 2.25% of amount over \$1,000 (or Min Commercial)	
5,001 – 10,000	\$125 plus 2.00% of amount over \$5000	
10,001 – 25,000	\$225 plus 1.75% of amount over \$10,000	
25,001 – 50,000	\$490 plus 1.50% of amount over \$25,000	
50,001 and over	\$875 plus 1.25% of amount over \$50,000	
-- Add Plan review at 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** _____



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Description on Scope of Work

- New Home 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
RESIDENTIAL STATEMENT OF AGREEMENT

SUMMARY OF BUILDING REQUIREMENTS

2006 INTERNATIONAL RESIDENTIAL CODE
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:

INSPECTIONS

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,

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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BUILDING PERMIT APPLICANT PROPERTY OWNER

SITE ADDRESS _____ **DATE** _____

Legal description: Property ID	Lot	Block	Addition
_____	_____	_____	_____

I understand that the State of Minnesota requires that all residential building contractors, remodelers, and roofers obtain a state license unless they qualify for a specific exception from the licensing requirements. By signing this document, I attest to the fact that I am building or improving this house myself. I hereby claim to be exempt from the state licensing requirements because I am not building or improving this property for purposes of speculation or resale and that the house for which I am applying for this permit, located at _____, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota Statute 514.01. In the event that I do construct or improve another residential structure in the next 24 months, I will not do so until I obtain the required state license, understanding that failure to do so is a misdemeanor under state law.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house, and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting; remodeling, and/or roofing activity is a misdemeanor under Minnesota Statute 326.92, subd. 1, and that I would forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the state building code and/or ordinance in connection with the work performed on this property.

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the MN Department of Commerce at (651)296-2594 or toll free at 1-800-657-3602.

Signature

Homeowner: _____
Printed Name Signature

Date: _____