



For Internal Use Only

Review Fee \$ _____

Receipt # _____

COMMERCIAL BUILDING PERMIT APPLICATION

THIS APPLICATION IS FOR A BUILDING PERMIT ONLY

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HVAC, AND PLUMBING WORK BEING DONE

Property Information

Address: _____ PID Number: _____

Legal Description (required if no address have been assigned): _____

Applicant is (check one): Owner Contractor Tenant Other: _____

Owner Information

Name: _____

Address: _____
Street City State Zip

Phone (W): _____ Phone (H): _____ Fax: _____

Email Address: _____

Contractor Information

(Contractor must sign application only if they are pulling the permit)

Company Name: _____ Contact Person's Name _____

Address: _____
Street City State Zip

Phone (W) _____ Email _____ Fax _____

MN Registration #/Contractor License #: _____ EPA Lead Firm Certification #: _____

Architect Information

Company Name: _____ Contact Person's Name _____

Address: _____
Street City State Zip

Phone (W) _____ Email _____ License #: _____

Project Description

Permit Type

- | | |
|---|---|
| <input type="checkbox"/> New (For construction of a new principal building only) | <input type="checkbox"/> Repair (Reroof, reside, water/fire damage, window replacements, etc.) |
| <input type="checkbox"/> Addition (Building expansions, including decks, porches, pools, garages, rooms, etc.) | <input type="checkbox"/> Sprinkler |
| <input type="checkbox"/> Alteration (Interior remodeling, basement finishes, etc.) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Demolition (The razing of a structure or portion thereof) | |

Baxter City Hall, PO Box 2626, 13190 Memorywood Drive, Baxter, MN 56425

www.baxtermn.gov

email: cityhall@baxtermn.gov

Revised 06/28/13

Proposed Use:

Residential

- Townhouse
- Multi-Family

Non-Residential

- Church
- Commercial
- Industrial
- Public
- Other

Construction Valuation (REQUIRED) \$ _____

Is building sprinklered? Yes No

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.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

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

OWNER AFFIDAVIT

(owner must complete and return to the City of Baxter Building Department)

Address _____ PID Number _____

Legal Description (required if no address have been assigned)

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 authorize the building permit application submitted on _____ (date) to the City of Baxter for changes, alterations, new building and/or additions to the above listed property.
3. That we have knowledge of the permit application design and/or changes to the said property and approve such work being done on the property.
4. That all information contained in the attached building permit application submitted herewith is true and correct.

OWNER(S)

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

Please *sign* on the left side and *print* your name on the right. All signatures must be notarized. (**If this paper is not signed, your application will be considered incomplete.)

SIGNATURE

PRINTED NAME

STATE OF MINNESOTA)

):ss

COUNTY OF CROW WING)

On this _____ day of _____, 20____, before me, a Notary Public within and for said County, personally appeared _____, executed the foregoing instrument as their free act and deed.

Notary
Seal

Notary Public