For Internal Use Only

Review Fee $_____

Receipt # _____

BAXTER

"A Growing Community"

RESIDENTIAL BUILDING PERMIT APPLICATION

THIS APPLICATION IS FOR A BUILDING PERMIT ONLY FOR 1 & 2 FAMILY DWELLINGS
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): _____

Type of Building: ☐ Single Family Dwelling ☐ Two Family Dwelling ☐ Accessory Building (Garage)

Applicant is (check one): ☐ Owner ☐ Contractor ☐ Construction Valuation (REQUIRED) $_____

Owner Information

Name: _____

Address: _____
Street City State Zip

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

Email: _____

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 #: _____ EPA Lead Firm Certification #:_____

Project Description

_____

_____

_____

Type of work: ☐ New Construction ☐ Addition ☐ Remodel ☐ Basement Finish ☐ Deck
☐ Septic ☐ Re-siding ☐ Re-Roof ☐ Window Replacement ☐ Other _____

Floor Area: Main Level _____ Crawl Space _____ Second Level _____ Third Level _____
Garage _____ Basement _____ Deck_____ Porch _____

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 _____

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