



# City of Bayport

294 North Third Street  
Bayport, Minnesota 55003  
www.ci.bayport.mn.us

City: 651-275-4404 Fax: 651-275-4411  
MNSPECT: 952-442-7520 Fax: 952-442-7521

# BUILDING PERMIT

BP \_\_\_\_\_

Handout  Lead Handout

Date to MNSPECT: \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

**SITE ADDRESS:** \_\_\_\_\_ **PID:** \_\_\_\_\_

- 1) Was the home constructed before 1978? (**YES** , continue with line 2, **NO**  continue without completing EPA Section)
- 2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (**YES**  go to line 4, **NO**  line 3)
- 3) Are there any windows being replaced? (**YES** , go to line 4, **NO**  continue without completing EPA Section)
- 4) Has this home been Certified Lead Free? (**YES** , you **MUST** Attach Certification Information, **NO**  complete line 5)
- 5) EPA Contractor Certification Number: **NAT** -

**PROPERTY OWNER:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contractor License No:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**TYPE OF WORK:**  **RESIDENTIAL**  **COMMERCIAL** (Commercial contractors must be City licensed annually)

<b>EST. VALUATION OF WORK:</b> \$ _____ Square feet: _____	<input type="checkbox"/> New Construction	<input type="checkbox"/> Garage-Attached/Detached	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Side
	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Window/Door Replacement
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Porch	# being replaced _____
	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	_____ Interior _____ Exterior
<input type="checkbox"/> Deck	<input type="checkbox"/> Misc Other	Change in opening <u>Y</u> <u>N</u>	

**Detailed Description of Work:** \_\_\_\_\_

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **This is the signature of:**  Owner or  Owner's Representative

**OCCUP. TYPE:** \_\_\_\_\_ **CONST. TYPE:** \_\_\_\_\_ **CODE:** \_\_\_\_\_ **BLDG SPRINKLED** Yes / No

**VALUATION:** \$ \_\_\_\_\_

Permit Fee: \$ _____	Mechanical Fee: \$ _____
Plan Review Fee: \$ _____	Plumbing Fee: \$ _____
State Surcharge: \$ _____	Park Dedication: \$ _____
Site Inspection Fee: \$ _____	SAC Fee: \$ _____
S.E.C. Fee: \$ _____	Sewer Connection: \$ _____
Investigation Fee / Other Fee: \$ _____	Water Connection: \$ _____
Copy Charge (\$.25 per 8.5 x11 page) \$ _____	Water Meter: \$ _____
License Check (\$5) / Lead Check (\$5) \$ _____	_____ \$ _____
<b>SUB-TOTAL \$</b> _____	<b>TOTAL DUE \$</b> _____

**Special Conditions/Required Setbacks:** \_\_\_\_\_

**Building Approval By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Building Approval By:** \_\_\_\_\_  License Verification  Lead Verification - **Checked By:** \_\_\_\_\_

**City Approval By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_  Cash  Check # \_\_\_\_\_ **By:** \_\_\_\_\_

OFFICE USE ONLY