



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

RESIDENTIAL MECHANICAL PERMIT

MC _____

Handout Lead Handout

Date to MNSPECT: _____

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

SITE ADDRESS: _____ PID: _____

PROPERTY OWNER: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

Mechanical Contractor _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

State Bond No: _____ Contact Name: _____

All mechanical contractors must be city licensed annually Contact Phone: _____

Email: _____

Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

Detailed Description of Work:

Replacement (one fixture only, no piping or vent changes)

- Addition/Remodel
- New Construction
- Other _____

Quantity	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GAS LINES - Mark Quantity

EST. VALUATION 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: _____ Signature of: Owner or Owner's Representative

OFFICE USE ONLY

Permit Fee: \$ _____

Gas Line Fee: \$ _____

State Surcharge: \$ _____

Investigation Fee / Other Fee: \$ _____

License Check / Lead Check: \$ _____

Other: \$ _____

TOTAL DUE:

Special Conditions of Permit: _____

City Approval By: _____ Date: _____

Date Paid: Cash Check # _____ By: _____