



**City of Bayport**  
 294 North Third Street  
 Bayport, MN 55003  
 Phone: 651-275-4404  
 Fax: 651-275-4411

## Application for Engineering Department Plan Review

Date \_\_\_\_\_ Permit No. \_\_\_\_\_

<b>Site Address</b>	_____
<b>Tenant/Bldg Name</b>	_____

**Applicant:** Owner \_\_\_\_\_ Contractor \_\_\_\_\_

<b>Property Owner</b>	Name/Company _____ Phone No. _____ Address _____
<b>Contractor</b>	Company _____ Phone No. _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

<b>Work type:</b>	<input type="checkbox"/> 01 - New	<input type="checkbox"/> 02 - Alteration	<input type="checkbox"/> 03 - Repair
	<input type="checkbox"/> 04 - Remove/install		
<b>Permit sub-type:</b>	<input type="checkbox"/> 01 - Grading/drainage	<input type="checkbox"/> 02 - Curb cut	<input type="checkbox"/> 03 - Blvd excavation
	<input type="checkbox"/> 04 - Street excavation	<input type="checkbox"/> 05 - Street vacation	<input type="checkbox"/> 06 - Public utility

**Description of work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Bayport to take the action herein requested, that all statements are true, and that all work herein will be completed in accordance with the ordinances of the City of Bayport and the State of Minnesota. The undersigned agrees to meet all applicable city contractor licensing requirements prior to commencement of work.

\_\_\_\_\_/\_\_\_\_\_  
 Applicant's signature / Date

<b>Office Use Only</b>		Permit approved by: _____
Engineering review fee (cost incurred)	\$ _____	Required inspections: <input type="checkbox"/> Preliminary inspection <input type="checkbox"/> Final inspection
Engineering inspection fee (cost incurred)	\$ _____	Date approved: _____
Other	\$ _____	
Total Fees	\$ _____	