



**City of Bayport**  
 294 North Third Street  
 Bayport, Minnesota 55003  
 office@ci.bayport.mn.us  
 Bayport: 651-275-4404  
 SAFEbuilt: 952-442-7520

**RESIDENTIAL PERMIT**  
 ISSUED OVER THE COUNTER (OTC)

**BA** \_\_\_\_\_

Date to SAFEbuilt: \_\_\_\_\_  Handout  Lead Handout

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:** \_\_\_\_\_ **Plumbers License #:** \_\_\_\_\_ **State Bond #:** \_\_\_\_\_

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

**TYPE OF PROPERTY:**  SINGLE FAMILY  TWO-FAMILY  TOWNHOUSE

**TYPE OF WORK:**  ALTERATION  REPLACEMENT  NEW **VALUATION OF WORK: \$**

Indicate type & quantity being replaced	Indicate # of fixtures/units. In addition to the fees listed, a \$1.00 state surcharge applies.
<b>MAINTENANCE: \$99 + \$1 surcharge</b> <input type="checkbox"/> Door - exterior* qty: _____ <input type="checkbox"/> Roof <input type="checkbox"/> Window(s)* qty: _____ <i>A \$5 license lookup fee applies to exterior doors, windows &amp; roofs</i>  <input type="checkbox"/> Siding (excluding stucco) <input type="checkbox"/> Door - garage* _____  <i>*Please note: a building permit application with plan review is required for any changes in door or window sizes.</i>	<b>MECHANICAL:</b> <input type="checkbox"/> existing home \$79.00 <input type="checkbox"/> new home \$199.00 <input type="checkbox"/> Air conditioner _____ <input type="checkbox"/> Air exchanger _____ <input type="checkbox"/> Boiler _____ <input type="checkbox"/> Fan - bath or kitchen _____ <input type="checkbox"/> Fireplace _____ <input type="checkbox"/> Furnace _____ <input type="checkbox"/> Gas line for: _____ <input type="checkbox"/> In floor heat _____ <input type="checkbox"/> Unit heater _____ <input type="checkbox"/> Dryer _____ <input type="checkbox"/> Other _____
	<b>PLUMBING:</b> <input type="checkbox"/> existing home \$79.00 <input type="checkbox"/> new home \$199.00 <input type="checkbox"/> Floor drain _____ <input type="checkbox"/> Hose bib _____ <input type="checkbox"/> Irrigation system _____ <input type="checkbox"/> Rough in for: _____ <input type="checkbox"/> Shower _____ <input type="checkbox"/> Sump _____ <input type="checkbox"/> Laundry tub _____ <input type="checkbox"/> Washing machine _____ <input type="checkbox"/> Water heater (gas or electric) _____ <input type="checkbox"/> Water softener _____ <input type="checkbox"/> Other _____
	<input type="checkbox"/> Sink _____ <input type="checkbox"/> Toilet _____ <input type="checkbox"/> Bathtub _____ <input type="checkbox"/> Dishwasher _____ <input type="checkbox"/> Water line _____

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. 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 special investigation fee.

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

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

Permit Fee: \$ _____	
State Surcharge: \$1.00	
License Check (\$5) / Lead Check (\$5) \$ _____	Add \$5 Lead lookup fee for siding or windows, if home built before 1978
Investigation Fee / Other: \$ _____	
<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