



CITY OF BAXTER LAND USE APPLICATION FORM

For Internal Use Only

Project # _____

Fees Paid: \$ _____

Escrow Paid \$ _____

Receipt # _____

Escrow Code _____

Type of Application (check all that apply)

- Architectural Review
- Conditional Use Permit
- Interim Use Permit
- Variance
- Sketch Plan Review
- Administrative Subdivision
- Preliminary Plat
- Final Plat
- Vacation (Street/Easements)
- Comprehensive Plan Amendment
- Zoning/Subdivision Ordinance Amendment
- Shore Land Alteration Permit
- Other _____

Project Name or Description: _____

Property Information

Address: _____ PID Number: _____

Legal Description (attach if necessary): _____

Applicant Information

Name: _____

Address: _____
Street City State Zip

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

Print or Type Name: _____ Email Address: _____

Contact Person Name (If other than applicant): _____

Phone: _____ Address: _____

Owner Information

Name: _____

Address: _____
Street City State Zip

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

Print or Type Name: _____ Email Address: _____

If this permit is granted, I hereby certify that all work will be done as stated herein and in accordance with all applicable laws and ordinances of the State of Minnesota and the City of Baxter.

Applicant's Signature _____ **Date** _____

Applicant's Printed Name _____

Owner's Signature _____ **Date** _____

Owner's Printed Name _____



For Internal Use Only

Review Fee \$ _____

Receipt # _____

COMMERCIAL BUILDING PERMIT APPLICATION

THIS APPLICATION IS FOR A BUILDING PERMIT ONLY

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): _____

Applicant is (check one): Owner Contractor Tenant Other: _____

Owner Information

Name: _____

Address: _____
Street City State Zip

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

Email Address: _____

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 License #: _____ EPA Lead Firm Certification #: _____

Architect Information

Company Name: _____ Contact Person's Name _____

Address: _____
Street City State Zip

Phone (W) _____ Email _____ License #: _____

Project Description

Permit Type

- New** (For construction of a new principal building only)
- Addition** (Building expansions, including decks, porches, pools, garages, rooms, etc.)
- Alteration** (Interior remodeling, basement finishes, etc.)
- Demolition** (The razing of a structure or portion thereof)
- Repair** (Reroof, reside, water/fire damage, window replacements, etc.)
- Sprinkler**
- Other** _____

Baxter City Hall, PO Box 2626, 13190 Memorywood Drive, Baxter, MN 56425

www.baxtermn.gov

email: cityhall@baxtermn.gov

Revised 06/28/13

Proposed Use:

Residential

- Townhouse
- Multi-Family

Non-Residential

- Church
- Commercial
- Industrial
- Public
- Other

Construction Valuation (REQUIRED) \$ _____

Is building sprinklered? Yes No

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 _____

Inspections must be called for at least 24 hours in advance (218) 454-5113.

OWNER AFFIDAVIT

(owner must complete and return to the City of Baxter Building Department)

Address _____ PID Number _____

Legal Description (required if no address have been assigned)

We, the undersigned, being first duly sworn, on oath depose and state based on personal knowledge as follows, to-wit:

1. That we are all of the fee owners of the said real estate, or if all of the owners have not personally signed this affidavit below, then a valid power of attorney, conservator or person acting with proper authority as demonstrated by an attached court order for each said person has signed below on their behalf.
2. That we authorize the building permit application submitted on _____ (date) to the City of Baxter for changes, alterations, new building and/or additions to the above listed property.
3. That we have knowledge of the permit application design and/or changes to the said property and approve such work being done on the property.
4. That all information contained in the attached building permit application submitted herewith is true and correct.

OWNER(S)

(All owners or those with proper authority as described above)

Please *sign* on the left side and *print* your name on the right. All signatures must be notarized. (**If this paper is not signed, your application will be considered incomplete.)

SIGNATURE

PRINTED NAME

STATE OF MINNESOTA)

):ss

COUNTY OF CROW WING)

On this _____ day of _____, 20____, before me, a Notary Public within and for said County, personally appeared _____, executed the foregoing instrument as their free act and deed.

Notary
Seal

Notary Public



City of Baxter
PO Box 2626
13190 Memorywood Drive
Baxter, MN 56425
Phone (218) 454-5100
Fax (218) 454-5103
www.baxtermn.gov

APPLICATION FOR UTILITY SERVICE COMMERCIAL

Today's date ___/___/___
Responsible for account as of date ___/___/___
Service address _____ Suite # _____
Purchasing or leasing? _____
If leasing, property owner's name _____

Business Name _____
Contact Person _____ Phone (____) ____-____
Is this business sales tax exempt? Yes No
If yes, please provide completed ST3 form
Have you had service from us within the last 12 months? Yes No
If yes, previous address _____

BILLING INFORMATION

Billing Name _____
Attention _____
Billing Address _____

- Service will remain in your name for the service address listed above until we receive a completed "Termination of Utility Service" form.

By signing below you agree to the above terms regarding discontinuing service

Applicant _____ Date _____

Applicant's Printed Name _____
Relationship to Business _____

Office Use
Beginning Meter Reading: _____



For Internal Use Only

Permit Fee: \$ _____

Receipt # _____

ELECTRICAL PERMIT APPLICATION

Property Information

Address: _____ PID Number: _____

Legal Description (required if no address have been assigned): _____

Applicant is (check one): Owner Contractor Tenant Other _____

Property Owner/Tenant Information

Name: _____

Address: _____
Street City State Zip

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

Email Address: _____

Electrical 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 #: _____ *Master License # _____

***A license number is not required if the homeowner is wiring their own home. Check if you are doing the work yourself.**

Project Description

Permit Type

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Alteration | |

Type of Use:

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Other |
| <input type="checkbox"/> Commercial | |

PLEASE CHECK ALL THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Pool/Spa/Hot Tub |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Sprinkler |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Service Temporary |
| <input type="checkbox"/> Air Condition | <input type="checkbox"/> Sub. Panel |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Transformer |
| <input type="checkbox"/> Electrical Heat | <input type="checkbox"/> Other |
| <input type="checkbox"/> Furnace | |

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.

Contractor's Printed Name _____ **Company** _____

Contractor's Signature _____ **Date** _____

Homeowner/Builder Printed Name _____

Homeowner/Builder Signature _____ **Date** _____

All wiring shall be inspected before insulation or other covering is installed. Inspector shall be notified for rough-in and final inspection. Permits expire 6 months and shall be renewed thereafter.

Inspections must be called for at least 24 hours in advance (218) 454-5113.

FEES

New Dwelling Feeder/Circuits

Up to 30 Feeder/Circuits \$100.00 Total \$ _____
In addition to above, over 30 circuits up to 200 A @ \$6.00 each _____ Total \$ _____

Existing Dwelling/Remodel/Addition

Up to 15 Feeders/Circuits @6.00 Total \$ _____
16 to 30 Feeders @ \$100.00 Total \$ _____

New Multi-Family Dwellings (per unit)

\$70.00 each (up to 20 feeders/Circuits) Total \$ _____
Additional circuits above the 20 allowed @ \$6.00 each Total \$ _____

Service/Power Supply (New/Existing)

4-400 amps @ \$35.00 _____ Total \$ _____
401-800 amps @ \$60.00 _____ Total \$ _____
Above 800 amps @ \$100.00 _____ Total \$ _____

Feeders/Circuits (New/Existing)

0-200 amps @ \$6.00 _____ Total \$ _____
Above 200 amps @ \$15.00 _____ Total \$ _____
Reconnected Feeders/Circuits @ \$2.00 _____ Total \$ _____

Transformers

0-10 KVA @ \$15.00 each Total \$ _____
Over 10 KVA @ \$30.00 each Total \$ _____
Street, parking lot or outdoor lighting standards @ \$5.00 Total \$ _____

Electric Signs and Outline Lighting

Transformers/Power Supplies @ \$5.00 each _____ Total \$ _____
Special Inspection @ \$80.00 per hour Total \$ _____
Re-inspection Fee @ \$35.00 per trip _____ Total \$ _____
Per trip inspections @ \$35.00 per trip _____ Total \$ _____

Minimum Fee \$35.00 Total \$ _____
Add state surcharge on ALL permits Total \$ 1.00 _____

PERMIT TOTAL \$ _____

MISC. ELECTRICAL FEE SCHEDULE

Technology Systems Devices @ .75 cents each _____ Total \$ _____

Manufactured Home Park Lot Supply @ \$35.00 _____ Total \$ _____

Luminaire Retrofit Modifications @ .25 cents each _____ Total \$ _____

Separate Bonding Inspections for Swimming Pools
& Equipotential Planes @ \$35.00 each _____ Total \$ _____

Center Pivot Irrigation Booms @ \$35.00 each _____ Total \$ _____

Electrical Drive Units @ \$5.00 each _____ Total \$ _____

Recreational Vehicle Site Supply Equipment
Circuits Originating in the Equipment @ \$6.00 each _____ Total \$ _____

Investigative Fee:
\$70.00 OR the total Inspection Fee whichever is greater up to \$1,000.00 Total \$ _____

TOTAL MISC. FEES \$ _____

BAXTER UTILITIES COMMISSION
APPLICATION FOR EXCAVATION PERMIT

Permit No: _____

Date: _____

(I) (We), (a contractor with current City of Baxter Contractor's License in effect) (an individual with required insurance policy copy attached) do hereby apply to the Baxter Utilities Commission for a permit to excavate in a public street or easement, as covered in the Baxter City Ordinance No. 30, at (described location):

Owners Name: _____

Address: _____

City _____

for the purpose of _____

IN ACCORDANCE WITH THE PROVISIONS OF SAID Ordinance No. 30, and in accordance with the rules, regulations and specifications of the Baxter Utilities Commission, including but not limited to, complete restoration of the site. We understand that we assume complete liability for the doing of such work.

The said work of excavation is to commence on _____, 2____
and shall be completed on any public right-of-way not later than _____, 2____
with complete restoration to be completed not later than _____, 2____.

Contractor _____ **Date** _____, 2____

Address _____

Contact Person _____

Phone _____

Signature: _____

Request for inspector must be made not less than four (4) working hours before inspection is required. No inspection on Saturday, Sunday or any holiday. All work done in public right-of-way is automatically guaranteed by the applicant for one year of its completion. Applicant must fully comply with all requirements of any Ordinance of the City of Baxter.



**GRADING
Permit Application**

Date _____

Site Address: _____ Unit No. _____

Legal Description: _____

Applicant is: Owner Contractor, Architect, Engineer, etc.

PROPERTY OWNER	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____
-----------------------	---

CONTRACTOR	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____
-------------------	---

ARCHITECT/ENGINEER	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____
---------------------------	---

TYPE OF PERMIT Residential Commercial

Number of Cubic Yards _____ Estimated Completion Date _____

Estimated acreage of disturbed area _____

Description of Work _____

PLEASE COMPLETE OTHER SIDE

I hereby apply for a grading permit and I acknowledge that the information provided herein is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Baxter and with the MN Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant's Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Conditions of Issuance _____

Fees Collected? ___ Yes ___ No
Amount \$ _____

Permit Approved by _____ Date _____
City Engineer

GRADING PERMIT APPLICATION

A SITE MAP AND GRADING PLAN ARE REQUIRED TO BE SUBMITTED WITH THE FOLLOWING INFORMATION:

1. Existing and proposed topography of the site taken at a contour interval sufficiently detailed to define the topography over the entire site. Ninety percent of the contours shall be accurate within one-half contour interval of the true location.
2. Contour lines that extend a minimum of 100 feet off the site, or sufficient to show on- and off-site drainage.
3. The site's property lines shown in true location with respect to the plan's topographic information.
4. Location and graphic representation of all of all existing and proposed natural and manmade drainage facilities.
5. Detailed plans of all surface and subsurface drainage devices, walls, cribbing, dams and other protective devices to be constructed with or as a part of the proposed work, together with a map showing the drainage area and the estimated runoff of the area served by any drain.
6. Location and graphic representation of proposed excavations and fills, of on-site storage of soil and other earth material, and of on-site disposal.
7. Location of proposed final surface runoff and erosion and sediment control measures.
8. Quantity of soil or earth material in cubic yards to be excavated, filled, stored or otherwise utilized on-site.
9. Outline of the methods to be used in clearing vegetation, and in storing and disposing of the cleared vegetative matter.
10. Proposed sequence and schedule of excavation, filling and other land disturbing and filling activities, and soil or earth material storage and disposal.
11. Location of any buildings or structures on the property where the work is to be performed and the location of any buildings or structures on land of adjacent owners which are within 15 feet of the property or which may be affected by the proposed grading operations.
12. One complete copy of the NPDES (National Pollutant Discharge Elimination System) Permit.
13. One complete copy of SWPPP (Storm Water Pollution Prevention Plan).



For Internal Use Only

Permit Fee: \$ _____

State Surcharge \$ _____

Review Fee \$ _____

Receipt # _____

MECHANICAL (HVAC) PERMIT APPLICATION

Property Information

Address: _____ PID Number: _____

Legal Description (required if no address have been assigned): _____

Applicant is (check one): Owner Contractor Tenant Other: _____

Property Owner/Tenant Information

Name: _____

Address: _____
Street City State Zip

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

Mechanical 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 License #: _____ *Master License # _____

Project Description

(Mechanical plan must be submitted with application)

Construction Valuation (REQUIRED) \$ _____

Permit Type

New Alterations

Type of Use:

Residential Other
 Commercial

PLEASE CHECK ALL THAT APPLY:

- Air Exchanger (12)
- Central Air (02)
- Gas Piping (04)
- Infrared Heaters (06)
- Heating System (01)
- Rooftop Units (05)
- Ventilation (03)

Commercial projects must submit plans for review and provide balance reports and startup tests when complete. Residential projects must submit plans and calculations to show compliance with the residential energy code. Separate permits are required for Electrical.

FEE SCHEDULE COMMERCIAL:

\$1.00 to \$500.00	Minimum \$35.00
\$501.00 to \$2000.00	\$23.50 for the first \$500.00 plus \$3.05 for each additional \$1000.00
\$2001.00 to \$25,000.00	\$69.25 for the first \$2000.00 plus \$14.10 for each additional \$1000.00
\$25,001.00 to \$50,000.00	\$391.25 for the first \$25,000.00 plus \$10.10 for each additional \$1000.00
\$50,001.00 to \$100,000.00	\$643.75 for the first \$50,000.00 plus \$7.00 for each additional \$1000.00
\$100,001.00 to \$500,000.00	\$993.75 for the first \$100,000 plus \$5.60 for each additional \$1000.00
\$500,001.00 to \$1,000,000.00	\$3233.00 for the first \$500,000.00 plus \$4.75 for each additional \$1000.00
<i>*ADD Plan review at 65% of the total fee above PLUS State Surcharge at 0.05% of the Value of the Work (\$0.50 minimum)</i>	

FEE SCHEDULE RESIDENTIAL: \$8.50 per \$1000.00 of valuation plus state surcharge.

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.

Contractor's Printed Name _____ **Company** _____

Contractor's Signature _____ **Date** _____

Homeowner/Builder Printed Name _____

Homeowner/Builder Signature _____ **Date** _____

Inspections must be called for at least 24 hours in advance (218) 454-5113.



For Internal Use Only

Permit Fee: \$ _____

Receipt # _____

PLUMBING PERMIT APPLICATION

Property Information

Address: _____ PID Number: _____

Legal Description (required if no address have been assigned): _____

Applicant is (check one): Owner Contractor Tenant Other: _____

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 License #: _____

Master Plumber Information

Company Name: _____ Contact Person's Name _____

Address: _____
Street City State Zip

Phone (W): _____ Email: _____ Fax: _____

MN Registration #/Contractor License #: _____

Project Description

Permit Type

- Commercial
- Residential
- New

- Alteration
- Repair
- Future Fixture

LOCATION	WTR CLOSET	BATH TUB	SINK	LAV	LAUNDRY TUB	FLR DRN	SHWR	URIN	SLOP SINK	DRK FTN	DISH WASH	GRS TRAP
Basement												
2 nd												
3 rd												
4th												

Fee Schedule

Residential and Commercial Projects

\$11.00 + \$8.00 Per Fixture

\$40.00 minimum fee

PLUS State Surcharge

Water Heaters are a fixed fee of \$40.00 for Residential and \$75.00 for Commerical (PLUS State Surcharge)

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.

I hereby certify that all data on this application is true and correct to the best of my knowledge.

Contractor's Printed Name _____ Company _____

Contractor's Signature _____ Date _____

Homeowner/Builder Printed Name _____

Homeowner/Builder Signature _____ Date _____

Inspections must be called for at least 24 hours in advance (218) 454-5113.



APPLICATION FOR PERMIT TO INSTALL, MAINTAIN, OR OPERATE FACILITIES
IN THE PUBLIC RIGHT-OF-WAYS OF BAXTER

Name of Applicant: _____

Address of Applicant: _____

Telephone: _____ Fax: _____

E-mail address: _____

Name of party performing work: _____

24-Hour Emergency Contact: Name _____ Telephone _____

Are you and/or your contractors registered with the City of Baxter: Yes No

Do you and/or your contractors have an Insurance Certificate on file with City: Yes No

Do you and/or your Contractors have a cash deposit or letter of credit on file with the
City: Yes No

Location of proposed work: _____

Describe proposed work: _____

Attach drawing of all work proposed within Corporate Limits even if permitted by another
agency.

Proposed start date: _____

Estimated time to complete work: _____

Type of facility you will be working with? Check all that apply: Gas Telephone
Cable TV Electric Fiber Optic Sanitary Sewer Storm Sewer Water Curb
Gutter Sidewalk/Trail Other _____

Size, type and or voltage of facility: _____

Are permanent obstructions proposed: No Yes

Nature of work: New Reconstruct Reinforcement

Method of construction: Open cut Trenching Directional boring Vibratory
Plow Other _____

Type of surface(s) to be disturbed: Bituminous Concrete Gravel Lawn
Trees Sidewalk Trail Curb

Will traveled roadway be disturbed: No Yes * If Yes, submit restoration plan

Will detouring or lane closures be necessary: No Yes * If yes, submit plan
according to MN-MUTCD

Are lakes, wetlands or watercourses within work: No Yes *

Will the work disturb more than 1 acre: No Yes * If yes an NPDES permit is required.

Do you intend to restore the area with: Seed Sod

Letter to residence will be sent prior to work:

Contractor must maintain restoration for 30 days and notify resident and the City of
Baxter letter regarding the completion of restoration and the required maintenance.

SPECIAL PROVISIONS

Required Inspections: Detour Erosion Control Restoration Final None

Conditions of permit, or resolution of * items.

1. _____

2. _____

3. _____

General Provisions

1. Permittee is required to contact Gopher State One Call at (800) 252-1166.
2. Permittee agrees to conduct all work according to City of Baxter Right-of-Way Ordinance, along with all references to State Statutes and Rules.
3. Permittee shall have a copy of this permit and approved drawings on the job site at all times.
4. Permittee understands that issuance of this permit does not relieve them from obtaining approval from Crow Wing County or MNDOT for work proposed within their jurisdiction.
5. Permittee shall contact (218) 454-5115, 24 hours in advance to schedule inspections if required in Special Provisions.
6. Permittee shall conduct all work in accordance with City of Baxter ordinances and specifications.
7. Permittee shall be responsible for establishing safety measures to protect the public from all harm until the construction is complete and for compliance with OSHA.
8. Permittee shall show on drawings, locations of all proposed facilities and any proposed temporary material or equipment storage locations.
9. Permittee shall return the Right-of-Way to the required satisfaction of the Engineer and the City of Baxter, and shall remove all rubbish and construction debris promptly following completion of the construction.
10. Permittee shall be responsible for maintaining all temporary construction, erosion control, repairs, patches or surfacing daily, if necessary, until permanent construction is completed and approved or such maintenance will be performed by City or other forces at prevailing rates.
11. Permittee agrees to promptly pay any overtime or other cost incurred by the City, required as a result of work covered by the permit.
12. Permittee shall save and hold harmless the City of Baxter, its employees and agents from any acts arising from the construction and /or maintenance of Permittee's facilities or work covered by the permit, and take out and maintain insurance in conformance with City of Baxter Right-of-Way Ordinance.
13. Resources: Baxter City Ordinance and Right-of-way Restoration and Erosion Specifications.
14. By accepting this permit the undersigned verifies that he/she has read and understands all of the foregoing provisions, certifies that he /she has authority to sign for and bind the Permittee and that by virtue of that signature the permittee is bound by and agrees to comply with all provisions of this permit and City of Baxter Right-of-Way Ordinance and State laws regulating construction.

Applicant Signature: _____ Date: _____
Certificate of Completion. Please note any changes to approved permit. Date: _____

For City of Baxter Use

Permit Authorization Date: _____ By: _____
Public Works Director/City Engineer

Application Fee: \$135.00 + 0.035 cents per lineal foot



For Internal Use Only

Permit Fee: \$ _____

Receipt # _____

SIGN PERMIT APPLICATION

Valuation: _____

Property Information

Address: _____ PID Number: _____

Legal Description (required if no address have been assigned): _____

Applicant is (check one): Owner Contractor Tenant Other

Type of Signs

Wall Signs Free-Standing

Applicant Information

Name: _____

Address: _____
Street City State Zip

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

Email: _____

Owner Information (If different from Applicant)

Name: _____

Address: _____
Street City State Zip

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

Email: _____

Sign 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 # _____

Electrical 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 #: _____ *Master License #: _____

Baxter City Hall, PO Box 2626, 13190 Memorywood Drive, Baxter, MN 56425

www.ci.baxter.mn.us

email: cityhall@ci.baxter.mn.us

Revised 06/28/13

Wall Signs

Type and Amount:

- Single Tenant; Number proposed: _____ Multi-tenant; Number proposed: _____
- Residential Development; Number proposed: _____

Size and Height

Size: The area of the sign measured within lines drawn between the outermost points of a sign, but excluding essential sign structure, foundations or supports.

Height: Distance of average level of the grade below the sign to the topmost point of the sign including the supporting sign structure, foundations and supports.

- 1) _____ X _____ = _____ sq. ft. Building face where wall signs(s) will be located: _____ sq. ft. Height _____ ft.
- 2) _____ X _____ = _____ sq. ft. Building face where wall signs(s) will be located: _____ sq. ft. Height _____ ft.
- 3) _____ X _____ = _____ sq. ft. Building face where wall signs(s) will be located: _____ sq. ft. Height _____ ft.
- 4) _____ X _____ = _____ sq. ft. Building face where wall signs(s) will be located: _____ sq. ft. Height _____ ft.

Size of building face where wall signs(s) will be located: _____ X _____ = _____ sq. ft.

Must provide scaled building elevations or photo showing complete dimensions of structure.

Free Standing Signs

Type and Amount:

- Single Tenant; Number proposed: _____ Multi-Tenant; Number proposed _____ Dynamic (One max. per lot)

Subtotal of square footage of all free standing signs on property: _____sq. ft.

Size and Height

Size: The area of the sign measured within lines drawn between the outermost points of a sign, but excluding essential sign structure, foundations or supports.

Height: Distance of average level of the grade below the sign to the topmost point of the sign including the supporting sign structure, foundations and supports.

- 1) _____ X _____ = _____ sq. ft. Height _____ ft. Wall height + gabled peak height / 2= _____ ft.
- 2) _____ X _____ = _____ sq. ft. Height _____ ft. Wall height + gabled peak height / 2= _____ ft.

(New Free-standing) Total lot dimensions of property: _____ ft.

Setback from building (distance from property line): _____

Are free-standing sign located along state highway frontage? Yes No

If more than 3 business are located on lot: side lot line= _____ ft. x .25 s.f.= _____ s.f. of additional signage

Dynamic Display

Area of Dynamic Display: _____ X _____ = _____ sq. ft.
(Dynamic displays may occupy no more than 50 percent of the actual copy and graphic area.)

Rate of Message Change: _____

Motion, Animation, or Video Effects: Yes No Describe: _____

Ability to freeze the device in one position if a malfunction occurs. Yes No

Changeable messages:

A message that is not permanently attached to the sign face but is not a dynamic display.

Area of Changeable Messages: _____ X _____ = _____ sq. ft.
(Changeable Messages may occupy no more than 35 percent of the actual copy and graphic area).

All Signs

Brightness (Complies with City Code Subsection 10-5-5): Yes No

**must provide details/cut sheets to show compliance*

Illumination levels

LED luminance level: _____

Signs using an LED (Light Emitting Diode) light source shall not exceed a luminance level of 500 candela per square meter (nits) between sunset and sunrise, and shall not exceed a luminance level of 5,000 candela per square meter between sunrise and sunset.

Florescent, Neon, or Incandescent light _____ watt per _____ square foot of sign surface area.

Signs using florescent, neon, or incandescent light sources shall not exceed 12 watts per square foot of sign surface area.

Automatically adjusts the brightness to ambient lighting conditions: Yes No

Total Sign Request

Total square footage of all signs (wall, free-standing, and dynamic) on property: _____ sq. ft.

Total # of all signs: _____ sq. ft.

NOTE: All applications must include a scaled site plan/survey showing lot dimensions and setbacks. For new signs structural information will be required for Building Department review and must include details for mounting wall signage and engineered footing drawings for freestanding signs.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Owner's Signature _____ Date _____

Owner's Printed Name _____



REGISTRATION FOR OCCUPANCY OF CITY OF BAXTER RIGHT-OF-WAYS

In accordance with City of Baxter Right-of-Way Ordinance all owners of facilities along with contractors and subcontractors who install, maintain or operate facilities located within the City of Baxter Right-of-Ways are required to register with the City.

Registrant Name: _____ Gopher State One Call ID # _____

Company Name: _____

Address: _____

E-Mail Address: _____

Telephone: _____ Fax: _____

Local Contact Name: _____ Gopher State One Call ID # _____

Address: _____

E-Mail Address: _____

Telephone: _____ Fax: _____

24 Hour Emergency Contact: Name: _____ Telephone _____

Type(s) of facility owned, operated or installed? Check all that apply.

Gas Telephone Cable TV Electric Fiber Optic Sanitary Sewer

Storm Sewer Water Other _____

Certificate of Insurance

Please attach a Certificate of Insurance. Certificate of Insurance shall include general liability insurance, automobile insurance, bodily injury insurance, and property damage liability insurance. The limits of the insurance shall not be less that \$1,000,000.00. The City of Baxter shall be named as additional insured.

Cash Deposit or Letter of Credit

The registrant shall submit a cash deposit or letter of credit in the amount of \$10,000.00.

If you are a Corporation.

Please attach a copy of the Certificate of a Corporation you filed for record with the Secretary of State.

Facility Owners.

Please provide documentation of legal right and authority to locate in and use the Right-of-Way as granted by the Public Utilities Commission or other State or Federal agency or a statement clarifying your legal right.

Contractor /Subcontractors List.

Name	Phone Number	Work Performed

Notice of Changes.

You are required to keep the City of Baxter informed of all changes within 15 days of any changes. Registrant must provide map of existing utilities in the City of Baxter.

Application Status. New Update

Do you have Internet access to review City Code? Yes No

Registrant Signature: _____ **Date:** _____

Approved
City of Baxter: _____ **Date:** _____

Public Works Director/City Engineer