

# **NOTICE:**

**Applications for building permits will not be reviewed until all of the required information has been submitted, and the building site has been staked.**

**Once all items are submitted and sites staked - a minimum of ten (10) working days are required to process the application.**

Residential Districts Minimum Setbacks						
	A	R-1	R-2	R-3	R-4	R-6
<b>Principal Structures</b>						
<b>Front Street Setback</b>						
Local Street	40' from ROW 73' from CL	40' from ROW 73' from CL	40' from ROW 73' from CL	30' from ROW	25' from ROW	25' from ROW
Collector Street (Does not include county roads)	40' from ROW 73' from CL	40' from ROW 73' from CL	40' from ROW 73' from CL	40' from ROW	30' from ROW	30' from ROW
Arterial Street	135' from CL	135' from CL	135' from CL	40' from ROW	40' from ROW	40' from ROW
County Roads, US & State Highways	135' from CL	135' from CL	135' from CL	135' from CL	135' from CL	135' from CL
Highway 8 Frontage	150' from ROW	150' from ROW	150' from ROW	150' from ROW	150' from ROW	150' from ROW
<b>Side Street Setbacks (corner lots)</b>						
Local Street	40' from ROW 73' from CL	40' from ROW 73' from CL	40' from ROW 73' from CL	20'	20'	15'
Collector Street (Does not include county roads)	40' from ROW 73' from CL	40' from ROW 73' from CL	40' from ROW 73' from CL	30'	25'	20'
Arterial Street	135' from CL	135' from CL	135' from CL	30'	35'	30'
County Roads, US & State Highways	135' from CL	135' from CL	135' from CL	135' from CL	135' from CL	135' from CL
Highway 8	150' from ROW	150' from ROW	150' from ROW	150' from ROW	150' from ROW	150' from ROW
Interior Side Yard Setback	40'	10'	10'	10'	10'	½ height of building
Rear Yard Setback	50'	35'	35'	35'	35'	35'
Maximum Building Height in Stories	3	3	3	3	3	3
Maximum Building Height in Feet	35'	35'	35'	35'	35'	45'
<b>Accessory Structures</b>						
Front Street Setback	Same distance as Principal Structure					
Side Street Setbacks (corner lots)	Same distance as Principal Structure					
Interior Side Yard Setback	40' farm buildings 3' non-farm buildings	3'	3'	3'	3'	3'
Rear Yard Setback	50' farm buildings 3' non-farm buildings	3'	3'	3'	3'	3'
Maximum Building Height in Stories	N/A farm buildings 3 non-farm buildings	1	1	1	1	1
Maximum Building Height in Feet	N/A farm buildings 35' non-farm buildings	25'	25'	18'	18'	18'
Parking, Driveway Setback	5'	5'	5'	5'	5'	15'
<b>No structures can be placed in easements.</b>						
Arterial Streets:	All State and County Highways, East Viking Boulevard (Anoka County to Glen Oak Drive)					
Collector Streets:	Goodview Avenue, Pioneer Road, West Comfort Drive, Innsbrook Avenue, Heath Avenue, East Viking Blvd. (East of Glen Oak Drive), and 250th Street / Greenway Avenue (Washington County to Highway 61 / Forest Boulevard)					

	Septic Tank	Septic Drainfield	Deep Well	Shallow Well	Property Line	OHWL	Wetland
Above Ground Swimming Pool	10'	20'	N/A	N/A	See Zoning District	See Art. VI, Div. 16	20'
In-Ground Swimming Pool	10'	20'	20'	20'	See Zoning District	See Art. VI, Div. 16	20'
Deep Well	50'	50'	N/A	N/A	N/A	50'	N/A
Shallow Well	50'	100'	N/A	N/A	N/A	50'	N/A
Septic Tank	N/A	N/A	50'	50'	10'	See Art. VI, Div. 16	N/A
Septic Drainfield	N/A	N/A	50'	100'	10'	See Art. VI, Div. 16	N/A
Building	10'	20'	3' to overhang of roof	3' to overhang of roof	See Zoning District	See Art. VI, Div. 16	20'



**City Of Wyoming - Department Of Building Safety**

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-3938

**Requirements for Application for Building Permit**

**ACCESSORY BUILDINGS**

**APPLICATIONS WILL NOT BE PROCESSED IF ALL FORMS ARE NOT COMPLETED**

Items to be submitted with application:

1. Completed building permit application form.
2. 2 sets of building plans. Plans must show the footing design, wall design (including insulation and interior wall sheathing if planned), roof design, all structural members wall opening size and locations.
3. 2 copies of a Certificate of Survey or site plan; showing the location of the ACCESSORY BUILDING, HOUSE, DRIVEWAY, ROADS, SEPTIC SYSTEM & WELL (if applicable) and any other buildings with dimensions and setbacks.
4. A heating permit application must be included if the accessory building will be heated.
5. Septic compliance inspection. If the property is located in a shoreland district, a septic system compliance inspection must be done. If the system was installed or inspected within the last 3 years, its Certificate of Compliance is still valid. If the system is found to be failing, a Septic Permit Application must be included with the Building Permit Application.

If all of the requirements of the Minnesota State Building Code and of the City of Wyoming's Ordinances have been met, a building permit will be issued.

**Your building permit does not include the inspection of electrical work.** A separate Request for Electrical Inspection form with the required fees must be submitted to the Board of Electricity at or before commencement of any electrical installation that is required by law to be inspected. Gene Boyle does electrical inspections in the City of Wyoming. He can be reached at (763) 633-9148.

\*\*\*Minimum 24-hour notice for inspections

\*\*\*Permit number & address must be furnished when requesting an inspection.

\*\*\*The building permit inspection card, approved plans, site plan, and the roof truss specifications must be on the jobsite at all times. If the building permit inspection card is not posted, the requested inspection will not be done.

\*\*\*The job is not complete, and the building cannot be occupied, until all of the required inspections are approved.



**City Of Wyoming - Department Of Building Safety**  
 26885 Forest Blvd., PO Box 188  
 Wyoming, MN 55092  
 Phone (651) 462-4947 Fax (651) 462-3938

**Application For Building Permit (Accessory Building)**

**NOTE: THERE IS A PENALTY FOR CONSTRUCTION PRIOR TO ISSUANCE OF THE PERMIT.**  
**ALL FEES MUST BE PAID.**

**Please Print**

Site address \_\_\_\_\_  
address city State zip

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Legal Description Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Sec \_\_\_\_\_ Twp 33N Range 21W Zone \_\_\_\_\_  
 PIN (Tax) Number R 21.

Builder/Contractor Name \_\_\_\_\_ License # \_\_\_\_\_  
PLEASE PRINT

Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
address city State zip

Phone \_\_\_\_\_

Type of work New \_\_\_\_\_ Alter \_\_\_\_\_ Repair \_\_\_\_\_

Type of Construction Wood \_\_\_\_\_ Masonry \_\_\_\_\_ Steel \_\_\_\_\_

Use of Building \_\_\_\_\_

Building size \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ sq. ft.

Number of stories \_\_\_\_\_ Total floor area \_\_\_\_\_

Valuation of completed work \$ \_\_\_\_\_ (Labor & Materials)

Desired start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

See next page

\*\*\*\*\*

**OFFICE USE ONLY**

APPROVED / DISAPPROVED By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Official

Permit # \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_



**City Of Wyoming - Department Of Building Safety**

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-3938

**Application For Building Permit Continued**

Site address \_\_\_\_\_  
address city State zip

**Please identify all General Contractors and Sub-Contractors to be performing work on this permit:**

General:	_____	_____	_____
	name	phone #	license #
Roofing:	_____	_____	_____
	name	phone #	license #
Electrical:	_____	_____	_____
	name	phone #	license #
Masonry:	_____	_____	
	name	phone #	
Carpentry:	_____	_____	
	name	phone #	
Sheetrock:	_____	_____	
	name	phone #	
Heating:	_____	_____	
	name	phone #	
Insulation:	_____	_____	
	name	phone #	

The undersigned agrees to do all work in conformance with The Minnesota State Building Code and City of Wyoming Ordinances, and herewith declares that all facts and representations on this application are true and correct.

**THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DEPT. WHEN READY FOR INSPECTIONS.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

Permit # \_\_\_\_\_



City Of Wyoming - Department Of Building Safety  
26885 Forest Blvd., PO Box 188  
Wyoming, MN 55092  
Phone (651) 462-4947 Fax (651) 462-3938

Application For Building Permit  
Addendum to Accessory Buildings

The exterior finish (siding) and roofing materials of all accessory buildings in all Residential (R-1, 2, 3, 4, and 6), and Shoreland (SH) Districts, shall match as closely as possible the construction materials and appearance of the dwelling unit on the lot. Boxed eaves and rakes on accessory buildings shall be required where they occur on the dwelling unit. Brick, stucco, stone, cedar shakes, and tile roofs on principal structures shall justify exception, although the materials on the accessory structure shall have the appearance of wood or masonry regardless of their actual composition.

The height of the accessory building cannot exceed twenty five (25) feet in the R-1, and R-2 Districts, or eighteen (18) feet in the R-3, R-4, and R-6 Districts.

**Building Height** – A distance to be measured from the mean ground level to the top of a flat roof, to the mean distance of the highest gable on a pitched or hip roof, to the decline of a mansard roof, to the uppermost point on other roof types.

**Building Size** – The total ground area may be one thousand (1,000) square feet or up to five percent (5%) of the total gross lot area, whichever is greater, but in no case shall the building (s) exceed a maximum of two thousand (2,000) square feet. Two accessory buildings are allowed per lot, the combined area of the two buildings cannot exceed the maximum allowed for the lot.

Height of proposed accessory building \_\_\_\_\_

Size and number of any other detached accessory buildings located on the property  
\_\_\_\_\_

Width of eaves on the house \_\_\_\_\_

Width of eaves on proposed building \_\_\_\_\_

Color and style of siding on the house \_\_\_\_\_

Color and style of siding on the proposed building \_\_\_\_\_

Color and style of roofing on the house \_\_\_\_\_

Color and style of roofing on the proposed building \_\_\_\_\_

I certify that the information stated above is accurate and true to my knowledge.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\*\*\*\*\*

OFFICE USE ONLY

APPROVED / DISAPPROVED By: \_\_\_\_\_  
Official

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit # \_\_\_\_\_



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-3938

APPLICATION FOR A HEATING, VENTILATION & AIR CONDITIONING PERMIT

Date \_\_\_\_\_ Structure Used As \_\_\_\_\_

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Site Address \_\_\_\_\_ city \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Legal Description Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Sec \_\_\_\_\_ Twp 33N Range 21W Zone \_\_\_\_\_ PIN (Tax) Number R 21.

Heating Contractor Name \_\_\_\_\_ Phone # \_\_\_\_\_ PLEASE PRINT

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Job Description \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Fuel Source \_\_\_\_\_ Oil \_\_\_\_\_ Gas (Natural or LP?) \_\_\_\_\_ Wood/Solid Fuel

Scope of work - Check all that apply

- \_\_\_\_\_ Furnace \_\_\_\_\_ Hot Water Boiler \_\_\_\_\_ Gas Piping \_\_\_\_\_ Gas Fireplace
\_\_\_\_\_ Air Conditioner \_\_\_\_\_ Refrigeration \_\_\_\_\_ Gas Log \_\_\_\_\_ Man. Wood Fireplace
\_\_\_\_\_ Ductwork \_\_\_\_\_ Ventilation/Exhaust \_\_\_\_\_ Log Lighter \_\_\_\_\_ Misc. Other \_\_\_\_\_

Equipment that will be installed:

Table with 8 columns: Type of equipment, Manufacturer, Model No., Fuel, Flue Dia., Input/BTU's, CFM, Tons

Air to Air Exchanger \_\_\_\_\_ Heat / Energy (circle one) Recovery Ventilator \_\_\_\_\_

Table with 5 columns: Manufacturer, Model No., Defrost Deduction, Rated low capacity, Rated high capacity

The installation of a solid fuel appliance or an exhaust system of 300 CFM or more will require the submittal of a ventilation worksheet.

Provide the name of the electrical contractor doing the wiring: \_\_\_\_\_

To install gas piping you must be licensed with the City of Wyoming License # \_\_\_\_\_ GL \_\_\_\_\_

The undersigned agrees to do all work in conformance with The Minnesota State Building Code and herewith declares that all facts and representations on this application are true and correct.

THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DEPARTMENT WHEN READY FOR INSPECTIONS.

Signed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY ORSAT Test Required \_\_\_\_\_ Yes \_\_\_\_\_ No

Required Inspections: [ ] Rough-In \_\_\_\_\_ [ ] Gas Line Pressure Test \_\_\_\_\_ [ ] Final \_\_\_\_\_

APPROVED / DISAPPROVED By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit # \_\_\_\_\_ Official Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_