City Of Wyoming - Department Of Building Safety
26885 Forest Blvd, PO Box 188
Wyoming, MN 55092
651-462-0575
permits@wyomingmn.org

NOTICE

Applications for building permits will not be reviewed until all of the required information has been submitted, the building site is staked and the silt fence(s) have been installed. A silt fence escrow of $900.00 is required. 90% of the escrow will be returned after 4’ of sod has been established along the boulevard and the silt fence has been removed.

Once all items are submitted and the site is staked, a minimum of ten (10) working days are required to process the application.

Revised 9/22/26

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REQUIREMENTS FOR BUILDING PERMIT APPLICATION

NEW HOME WITH CITY SEWER & WATER

ALL FORMS MUST BE COMPLETE • APPLICATIONS WILL NOT BE PROCESSED IF NOT COMPLETE

Supplemental Documents Required With Application:

1. Completed **New Home With City Sewer & Water Building Permit Application** with all of the subcontractors listed
2. Active **Builders State License** or a signed waiver for homeowners building their own home
3. Completed plumbing permit application - **Plumbing must be done by a licensed plumber**
4. Completed HVAC permit application - **Gas piping installers must be licensed with the City**
5. Completed driveway permit application - Homes on County roads must have an approved driveway permit from Chisago County
6. Completed mailbox post assembly application (if applicable)
7. Completed ventilation worksheet - Table 501.4.1
8. Completed sewer and water connection permit application
9. **Erosion Control** - All job sites are subject to erosion control requirements; All job sites within the Comfort Lake/Forest Lake Watershed District (approximately the southern third of the city) must obtain an erosion control permit from the Watershed
    A. Signed City erosion control information sheet - **The erosion control fence must be installed before submitting the building permit application**
    B. Permit from the Watershed (if applicable)
10. One complete set of **building plans** (digital preferred) - See attached "Single Family Dwelling Minimum Plan Requirements"
11. **Certificate of Survey** - Showing the location of the house, driveway, roads, and any other buildings on the property
    A. The Survey must include building dimensions, foundation elevations and setbacks from property lines - **The Survey must be signed by a State of Minnesota Registered Land Surveyor**
12. **Energy Code Requirements** - Insulation and Fenestration requirements written on plans or separate sheets verifying compliance with Minnesota Energy code section R402 climate zone 6, including, but not limited to:
    - Energy code Table R402.1.1, including R-values, fenestration U-factors and SHGC's
    - R-value computation methods utilized per R402.1.2
    - U-factor alternative, if used, per R402.1.3
    - Total UA alternative, if used, per R402.1.4
13. Stucco - If the home will have stucco the General Contractor & Stucco Contractor must sign the form titled "Stucco Attachment"
14. Notification that a stake (with a red & white flag) has been placed in the center of the driveway, at the property line, so an address may be assigned - **The permit will not be issued without an address**
15. Truss designs and specifications are to be furnished at the framing inspection - Complicated roof designs may need to be submitted with the building permit application.

At this time, the building must be staked out by the surveyor and erosion control in place. After the plans have been reviewed, and all requirements of the Minnesota State Building Code and the City of Wyoming's Ordinances have been met, a building permit will be issued.

Inspection Requirements:

1. Minimum 24-hour notice for inspections.
2. 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.
3. Address must be furnished when requesting an inspection.
4. The job is not complete, and the space cannot be occupied, until all of the required inspections are approved.
5. **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. Electrical inspections in the City of Wyoming are done by the State. Go to https://www.dli.mn.gov/business/electrical-contractors/requesting-inspection to request one.

A CERTIFICATE OF OCCUPANCY IS REQUIRED FOR ALL BUILDINGS

These items must be complete (if applicable) before a Certificate of Occupancy will be issued:

1. Approval of all required inspections
2. House numbers must be posted - 4" minimum height in view of the street
3. An all-weather surface driveway must be in place (Class V or better)
4. Sewer and water is hooked up to the City's system
5. The ORSAT test results for the furnace and a combustion air worksheet must be submitted

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SINGLE FAMILY DWELLING MINIMUM PLAN REQUIREMENTS

COMPLETE AND ACCURATE INFORMATION PROVIDED ON PLANS SUBMITTED WILL EXPEDITE THE PLAN REVIEW PROCESS

Foundation Plan:

1. Completely and accurately dimensioned
2. Footing Sizes & Locations:
   - A. Exterior and interior bearing walls
   - B. Post pad footings
   - C. Porch and/or deck footings
   - D. Fireplace Footings
3. Foundation Design:
   - A. Block Foundations - Over 5 courses shall have foundation reinforcement detailed, specify block size
   - B. Poured Foundations - Identify wall thickness, reinforcement size and location
   - C. Wood Foundations - Provide complete design
4. Brick ledge & stepped wall locations
5. Door & window location and sizes with U-values
6. Interior wall construction materials
7. Identify cantilevers & method of construction
8. Identify plate material
9. Size of all beams and headers
10. Crawlspace location, access size & wall insulation
11. Floor joist size, spacing & direction
12. Identify room use & location
13. Identify unexcavated areas
14. Location of:
    - A. Furnace
    - B. Water Heater
    - C. Sump Location
    - D. Smoke Detector(s)
    - E. Floor Drain(s)
    - F. Bathroom Fixtures
15. Location & size of stairs with direction of travel

Floor Plan(s):

1. Completely & accurately dimensioned
2. Door & window location and sizes with U-Values
3. Brick facing locations
4. Identify cantilevers & method of construction
5. Size all beams & headers
6. Floor joist size, spacing & direction
7. Identify room use by name
8. Location & size of stairs with direction of travel
9. Attic access size & location
10. Location of fireplace, type of fireplace & hearth size
11. Deck and/or porch construction:
    - A. Floor joist size & spacing
    - B. Bean & header sizes
    - C. Rafter/truss size & spacing
12. Handrail and/or guardrail - height & spacing of stiles or rails
13. Rafter/truss size & spacing
14. Location of furnace flue
15. Smoke detector locations
16. Location of plumbing fixtures & exhaust fans
17. Identify garage firewall construction & self-closing fire door

Cross Section(s):

Provide necessary cross sections which shall be sufficiently detailed to indicate the location, nature & extent of the work proposed.

1. Footing size - Exterior & interior bearing walls
2. Draintile location
3. Foundation type, size, number of courses of block, reinforcing size & location
4. Anchor bolt size & spacing
5. Identify sill plat material
6. Identify floor joist size & spacing
7. Identify flooring material
8. Label foundation insulation & R-value
9. Basement floor thickness
10. Stairway - Rise, run & headroom
11. Exterior Wall Construction:
    - A. Vapor retarder, air barrier, wind wash barrier locations
    - B. Roof sheathing
    - C. Insulation
    - D. Stud size & spacing
    - E. Siding
    - F. Interior finish
    - G. Sill plate material type
12. Ceiling Heights
13. Roof Construction:
    - A. Ceiling finish
    - B. Roof sheathing
    - C. Attic insulation
    - D. Roof ventilation
    - E. Rafter/truss size & spacing
    - F. Ceiling vapor retarder
    - G. Ice build-up protection
    - H. Soffits/fascia material
14. Soffit ventilation

Elevations:

1. Roof pitch
2. Roof ventilation
3. Roof overhang dimension
4. Siding material (Exterior finish materials)
5. Location of doors & windows
6. Locations of decks and/or porches
7. Location & height of chimney & chimney saddles
8. Location of house number (4" minimum height)

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New Home Building Permit Application

The plan review fee is charged whether the permit is issued or not. There is a penalty for construction prior to issuance of the permit. All fees must be paid.

Site Address _____
Address City State Zip

Legal Description: Lot _____ Block _____ Section _____ Township 33N Range 21W Zone ____

Subdivision _____ Parcel ID Number 21._____

Property Owner: Name _____

Phone _____ Email _____

Builder/Contractor: Name _____ License # _____

Contact _____ Phone _____

Address _____

Email _____

Architect/Engineer: Name _____ Phone _____

Type Of Work: ☐ New ☐ Alter ☐ Repair ☐ Demo

Type Of Construction: ☐ Wood ☐ Masonry ☐ Steel

Building Use _____ Number of Stories _____

Building Size _____ x _____ = _____ ft^2 Total Floor Area _____

Valuation of Completed Work $_____ (includes labor & materials)

Desired Start Date _____ / _____ / _____ Estimated Completion Date _____ / _____ / _____

See next page

OFFICE USE ONLY

APPROVED☐/☐DISAPPROVED By _____ Date _____ / _____ / _____

Permit # _____ ☐ Digital Plans

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NEW HOME BUILDING PERMIT APPLICATION CONTINUED

Site Address _____
Address

Please identify all General Contractors and Subcontractors to be performing work on this permit:

General:	_____ Name	_____ Phone	_____ License #
Roofing:	_____ Name	_____ Phone	_____ License #
Plumbing:	_____ Name	_____ Phone	_____ License #
Electrical:	_____ Name	_____ Phone	_____ License #
Masonry:	_____ Name	_____ Phone	
Carpentry:	_____ Name	_____ Phone	
Sheetrock:	_____ Name	_____ Phone	
Heating:	_____ Name	_____ Phone	
Insulation:	_____ Name	_____ Phone	

The erosion control fence must be installed before this application is submitted.

The undersigned agrees to do all work in conformance with City Ordinances and herewith declares that all facts and representation on this application are true and correct.
The undersigned agrees to notify the inspections department when ready for inspections.

Applicant Signature _____ Date _____ / _____ / _____

OFFICE USE ONLY

Permit # _____

City Of Wyoming - Department Of Building Safety
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PLUMBING PERMIT APPLICATION

Site Address _____
Address City State Zip

Parcel ID Number 21._____ Structured Used As _____ Trailer # _____

Property Owner: Name _____

Phone _____ Email _____

Plumbing Contractor: Name _____ License # _____

☐ Property Owner is Contractor

Contact _____ Phone _____

Address _____

Email _____

Job Description _____ **Estimated Cost** $_____

Number of each item listed below:

Water Closet (Toilet)	_____	Dishwasher	_____	Laundry Trays	_____
Bath Tub	_____	Garbage Disposal	_____	Floor Drain	_____
Whirlpool Tub	_____	Kitchen Sink	_____	Sewer Line	_____
Urinal	_____	Drinking Fountain	_____	Water Line	_____
Bidet	_____	Catch Basins	_____	Lawn Sprinkler	_____
Lavatory (Bath Sink)	_____	Water Softener	_____	Standpipe	_____
Shower	_____	Sewage Ejector	_____	Hose Bib	_____
Grease Interceptor	_____	Backflow Preventer	_____	Garage Floor Drain	_____
Water Heater (List size)	_____	Oil/Flammable Waste Separator	_____		

Please Circle - Gas or Electric

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 DEPT. WHEN READY FOR INSPECTIONS.

_____ _____
Applicant Signature Date

This permit may be issued only to a licensed plumbing contractor or to an owner who occupies the single-family dwelling - MN Statute 326B.46

OFFICE USE ONLY

Required Inspections: ☐ Rough-In _____ / _____ / _____ ☐ Final _____ / _____ / _____

APPROVED ☐ / ☐ DISAPPROVED By _____ Date _____ / _____ / _____

Permit # _____ ☐ Digital Plans

Revised 9/22/26

City Of Wyoming - Department Of Building Safety
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HEATING, VENTILATION & AIR CONDITIONING PERMIT APPLICATION

Site Address _____
Address City State Zip

Parcel ID Number 21._____ Structured Used As _____ Trailer # _____

Property Owner: Name _____

Phone _____ Email _____

HVAC Contractor: Name _____ License # _____

☐ Property Owner is Contractor

Contact _____ Phone _____

Address _____

Email _____

Job Description: _____ **Estimated Cost $** _____

Fuel Source: ☐ Oil ☐ Natural Gas ☐ LP Gas ☐ 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 ☐ Other: _____

Equipment that will be installed:

Type of Equipment	Manufacturer	Model #	Fuel	Flue Dia.	Input/BTU's	CFM	Tons

Air To Air Exchanger: ☐ Heat or ☐ Energy Recovery Ventilator

Manufacturer	Model #	Defrost Deduction	Rated Low Capacity	Rated High Capacity
		%	CFM	CFM

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 DEPT. WHEN READY FOR INSPECTIONS.**

_____ _____
Applicant Signature Date

This permit may be issued only to a licensed heating contractor or to an owner who occupies the single-family dwelling - MN Statute 326B.46

OFFICE USE ONLY ORSAT Test Required: ☐ Yes ☐ No

Required Inspections: ☐ Rough-In ___/___/_____ ☐ Gas Line Pressure Test ___/___/_____ ☐ Final ___/___/_____

APPROVED☐/☐DISAPPROVED By _____ Date _____ / _____ / _____

Permit # _____ ☐ Digital Plans

Revised 9/22/26

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Address _____ Builder/Designer _____

Signature _____ Date ____ / ____ / _____ Permit # _____

TABLE 501.4.1 FORM

USE THE NEXT THREE PAGES AS A GUIDE TO ACCURATELY FILL OUT THIS FORM

PROCEDURE TO DETERMINE MAKEUP AIR QUALITY FOR EXHAUST APPLIANCES IN DWELLINGS

1. New Dwellings
2. Dwellings built during or after 1999 when a vented combustion appliance, including a solid fuel appliance, is installed or replaced or when an exhaust system is installed or replaced
3. Dwellings built during or after 1994 when a solid fuel appliance is installed

2020 MN Mechanical Code

1. Use the appropriate column to estimate house infiltration

	One or multiple power vent or direct vent appliances or no combustion appliances[A]	One or multiple fan-assisted appliances and power vent or direct vent appliances[B]	One atmospherically vented gas or oil appliance one solid fuel appliance[C]	Multiple atmospherically vented gas or oil appliances or solid fuel appliances[D]
A) Pressure Factor (cfm/sf)	.15	.09	.06	.03
B) Conditioned Floor Area (sf) (Including unfinished basements)				
Estimated House Infiltration (cfm) = 1A x 1B				

2. Exhaust Capacity

A) Clothes Dryer	135	135	135	135
B) 80% of largest exhaust rating (cfm)*				
C) 80% of next largest exhaust rating (cfm)*	Not applicable			
Total Exhaust Capacity (cfm) = 2A + 2B + 2C				

3. Makeup Air Requirement

A) Total Exhaust Capacity (from above)				
B) Estimated House Infiltration (from above)				
Makeup Air Quality^ (cfm) = 3a - 3b				
Size of makeup air opening				

4. For makeup air opening sizing, refer to Table 501.4.2

[A] Use this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.
[B] Use this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.
[C] Use this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.
[D] Use this column if there are multiple atmospherically vented gas *or* oil appliances using a common vent or if there are atmospherically vented gas or oil appliances *and* solid fuel appliance(s).

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GUIDE TO COMPLETING TABLE 501.4.1

The table below is provided to assist you in completing Table 501.4.1(Procedure to determine makeup air quantity for exhaust equipment in dwellings). The table shows examples of four different houses, each being the same size but with different mechanical equipment installed. These houses correspond to the example Table 501.4.1 on the following page.

The table below also has a column for "Your House". You may use this column to fill in the information you will need to complete Table 501.4.1. Please note: when you complete Table 501.4.1, you will be filling in only one of the columns, based on the mechanical equipment that will be, or is, installed in “Your House”.

	House A	House B	House C	House D	Your House
Conditioned Floor Area (including unfinished basement)	3,000 ft^2	3,000 ft^2	3,000 ft^2	3,000 ft^2	
Furnace	Gas Direct Vent	Gas Fan Assisted (Category 1)	Gas Power Vent	Gas Atmospherically Vented	
Boiler	None	Gas Power Vented	None	None	
Water Heater	Electric	Gas Power Vented	Gas Atmospherically Vented	Gas Atmospherically Vented	
Fireplace/Hearth - Gas	None	Gas Direct Vented	None	None	
Solid Fuel Appliance	None	None	None	Wood Fireplace	
Kitchen Exhaust Fan	300 cfm	300 cfm	300 cfm	300 cfm	
Largest Bathroom Exhaust Fan	150 cfm	150 cfm	150 cfm	150 cfm	

City Of Wyoming - Department Of Building Safety
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TABLE 501.4.1 EXAMPLE

PROCEDURE TO DETERMINE MAKEUP AIR QUALITY FOR EXHAUST APPLIANCES IN DWELLINGS

1. New Dwellings
2. Dwellings built during or after 1999 when a vented combustion appliance, including a solid fuel appliance, is installed or replaced or when an exhaust system is installed or replaced
3. Dwellings built during or after 1994 when a solid fuel appliance is installed

2020 MN Mechanical Code

1. Use the appropriate column to estimate house infiltration

	One or multiple power vent or direct vent appliances or no combustion appliances[A]	One or multiple fan-assisted appliances and power vent or direct vent appliances[B]	One atmospherically vented gas or oil appliance one solid fuel appliance[C]	Multiple atmospherically vented gas or oil appliances or solid fuel appliances[D]
A) Pressure Factor (cfm/sf)	.15	.09	.06	.03
B) Conditioned Floor Area (sf) (Including unfinished basements)	3,000 ft^2	3,000 ft^2	3,000 ft^2	3,000 ft^2
Estimated House Infiltration (cfm) = 1A x 1B	450 cfm	270 cfm	180 cfm	90 cfm

2. Exhaust Capacity

A) Clothes Dryer	135	135	135	135
B) 80% of largest exhaust rating (cfm)*	300 cfm x 80% = 240 cfm	300 cfm x 80% = 240 cfm	300 cfm x 80% = 240 cfm	300 cfm x 80% = 240 cfm
C) 80% of next largest exhaust rating (cfm)*	Not applicable	150 cfm x 80% = 120 cfm	150 cfm x 80% = 120 cfm	150 cfm x 80% = 120 cfm
Total Exhaust Capacity (cfm) = 2A + 2B + 2C	135 + 240 + 0 = 375 cfm	135 + 240 + 120 = 495 cfm	135 + 240 + 120 = 495 cfm	135 + 240 + 120 = 495 cfm

3. Makeup Air Requirement

A) Total Exhaust Capacity (from above)	375 cfm	495 cfm	495 cfm	495 cfm
B) Estimated House Infiltration (from above)	450 cfm	270 cfm	180 cfm	90 cfm
Makeup Air Quality^ (cfm) = 3a - 3b	-75 cfm	225 cfm	315 cfm	405 cfm
Size of makeup air opening	0”	9” Passive opening with motorized damper	Powered makeup air	Powered makeup air

4. For makeup air opening sizing, refer to Table 501.4.2

[A] Use this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.
[B] Use this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.
[C] Use this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.
[D] Use this column if there are multiple atmospherically vented gas *or* oil appliances using a common vent or if there are atmospherically vented gas or oil appliances *and* solid fuel appliance(s).
* Not applicable if recirculating system or if powered makeup air is electrically interlocked and matched to exhaust
^ If value is negative, no makeup air is needed

Revised 9/22/26

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TABLE 501.4.2

MAKEUP AIR OPENING SIZING TABLE FOR NEW & EXISTING DWELLING UNITS

	One or multiple power vent or direct vent appliances or no combustion appliances[A]	One or multiple fan-assisted appliances and power vent or direct vent appliances[B]	One atmospherically vented gas or oil appliance one solid fuel appliance[C]	Multiple atmospherically vented gas or oil appliances or solid fuel appliances[D]	Passive makeup air opening duct diameter[E, F, G]
Type of opening or system	cfm	cfm	cfm	cfm	inches
Passive Opening	1-36	1-22	1-15	1-9	3
Passive Opening	37-66	23-41	16-28	-10-17	4
Passive Opening	67-109	42-66	29-46	18-28	5
Passive Opening	110-163	67-100	47-69	29-42	6
Passive Opening	164-232	101-143	70-99	43-61	7
Passive Opening	233-317	144-195	100-135	62-83	8
Passive Opening with motorized damper	318-419	196-258	136-179	84-110	9
Passive Opening with motorized damper	420-539	259-332	180-230	111-142	10
Passive Opening with motorized damper	540-679	333-419	231-290	143-179	11
Powered Makeup Air[H]	>679	>419	>290	>179	Not applicable

[A] Use this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.

[B] Use this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.

[C] Use this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.

[D] Use this column if there are multiple atmospherically vented gas or oil appliances using a common vent *or* if there are atmospherically vented gas or oil appliances *and* solid fuel appliance(s).

[E] An equivalent length of 100 feet of round smooth metal duct is assumed. Subtract 40 feet for the exterior hood and 10 feet for each 90 degree elbow to determine the remaining length of straight duct allowable.

[F] If flexible duct is used, increase the duct diameter by 1 inch. Flexible duct shall be stretched with minimal sags.

[G] Barometric dampers are prohibited in passive makeup air openings when any atmospherically vented appliance is installed.

[H] Powered makeup air shall be electrically interlocked with the largest exhaust system.

City Of Wyoming - Public Works Department
26885 Forest Blvd, PO Box 188
Wyoming, MN 55092
Phone (651) 462-0580
permits@wyomingmn.org

APPLICATION FOR **SEWER & WATER CONNECTION** OR **REPAIR** PERMIT

Site Address _____
Address City State Zip

Parcel ID Number 21. _____ Trailer # _____

Property Owner: Name _____

Phone _____ Email _____

Property Use: ☐ Residential ☐ Commercial

Pipe Layer: _____ License # _____

Contact Person: _____

Address: _____
Address City State Zip

Phone: _____ Email: _____

Plumbing Code Compliance Bond: _____

Job Description: _____ Est. Cost $ _____

Does this home require tracing line or a BoaBox? ☐ Yes ☐ No

Existing Buildings

Interior plumbing work needed? ☐ Yes ☐ No If yes, a **separate** plumbing permit is required

Plumbing Contractor: _____ License # _____

Contact Person: _____

Phone: _____ Email: _____

The undersigned agrees to notify Public Works when ready for inspections.

_____ _____
Applicant Signature Date

The water meter is supplied by the city, contact the city when you are ready to receive the meter at (651) 462-0575 or permits@wyomingmn.org. A boa box is supplied by the contractor/developer.

OFFICE USE ONLY

Sewer Access Charge (SAC) $_____ BoaBox ☐ Yes ☐ No

Water Access Charge (WAC) $_____ APPROVED☐/☐DISAPPROVED

Connection Inspection Fee $_____ By: _____

Water Meter $_____ Date: _____ / _____ / _____

Total Fees $_____ Permit #: _____

Revised 9/17/26

City Of Wyoming - Department Of Public Works
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DRIVEWAY PERMIT APPLICATION

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

Site Address _____
Address City State Zip

Parcel ID Number 21._____ Trailer # _____

Property Owner: Name _____

Phone _____ Email _____

Builder/Contractor: Name _____

☐ Property Owner is Contractor

Contact _____ Phone _____

Address _____

Email _____

Driveway Will Be On What Street: _____

Draw site plan (or attach a copy of the survey) showing property dimensions, driveway, location, and other pertinent information. Please flag the location of the driveway on the property.

I understand that the driveway is to be completed before the final inspection is called for.

Applicant Signature: _____ Date _____ / _____ / _____

OFFICE USE ONLY

Culvert required: ☐ Yes ☐ No Cost Of Culvert: $_____ Refund Amount: $_____

Size and length of culvert: _____ Depth of fill at culvert: _____

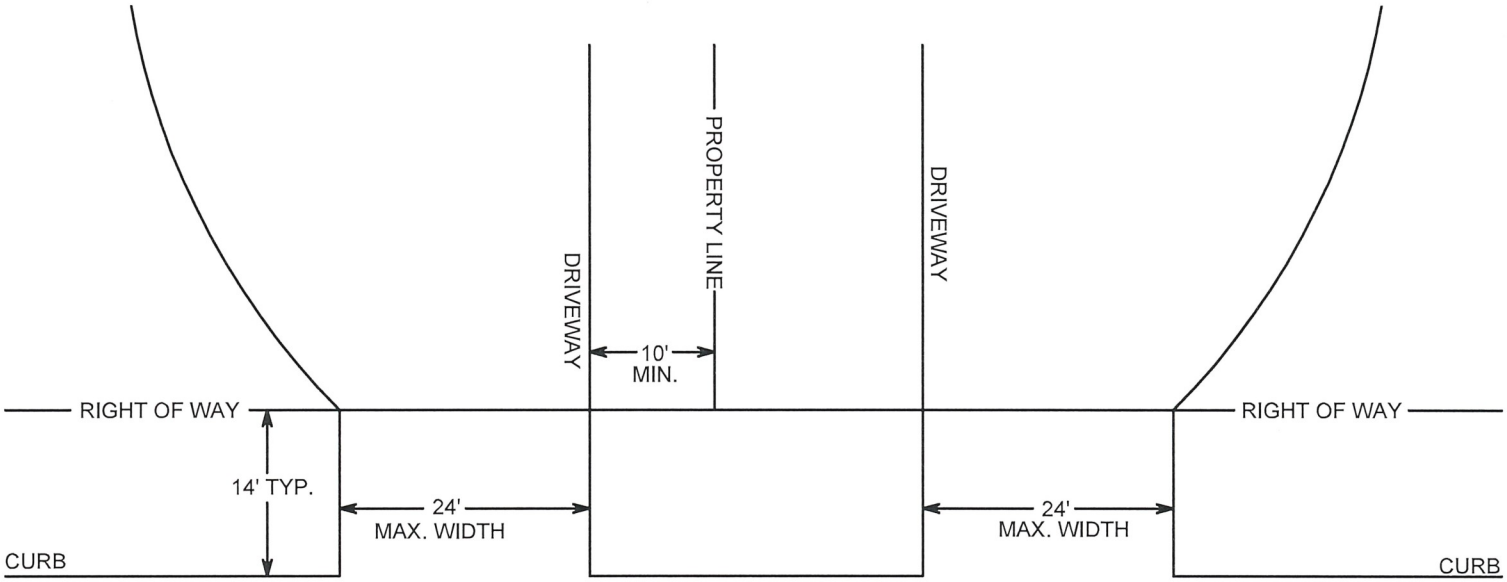
APPROVED☐/☐DISAPPROVED By: _____ Date _____ / _____ / _____

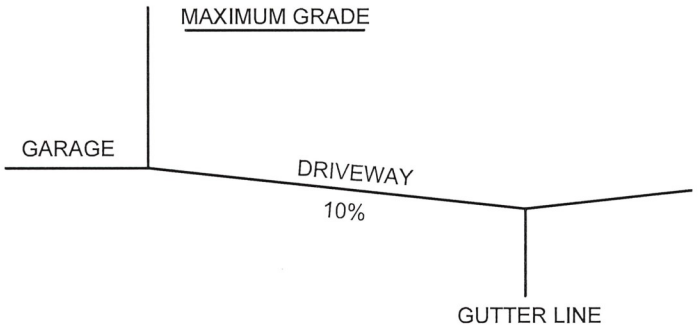
Permit # _____ ☐ Digital Plans

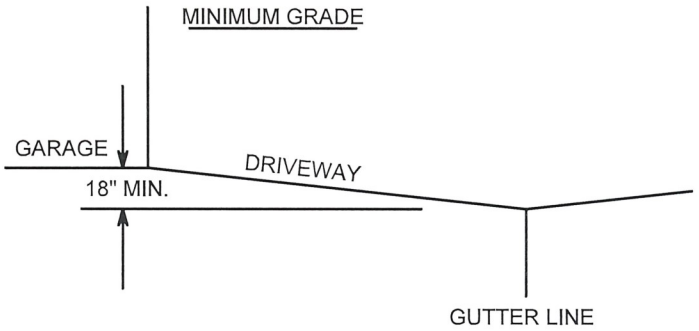
Revised 9/21/26

CITY OF WYOMING
Minnesota
ESTABLISHED 1855

RESIDENTIAL DRIVEWAY







NOTES:
1. DRIVEWAYS WITH GRADE GREATER THAN 10% MUST OBTAIN ENGINEERING DEPT. APPROVAL
2. DRIVEWAY AREA MUST MEET CODE FOR LOT COVERAGE
3. NO DRIVEWAY SHALL BE CLOSER THAN 40' FROM END OF CORNER RADII
4. DRIVEWAY WIDTH IS 24' MAXIMUM FROM RIGHT-OF-WAY LINE TO CURB

NO SCALE

Special Details

Date: 03-01-10

Revised: 03-16-20

WY-ST-7

City Of Wyoming – Department Of Public Works
26885 Forest Blvd, PO Box 188
Wyoming, MN 55092
Public Works - 651-462-0580
Building Inspector - 651-462-0575
permits@wyomingmn.org

MAILBOX POST ASSEMBLY APPLICATION

Please provide the information requested below. The Street Superintendent and the Building Inspector will review this application to determine whether or not the swing-away mailbox post assembly is required at this location.

Install Mailbox Post Assembly at _____
Address City State Zip

Parcel ID Number 21._____ Trailer # _____

Property Owner: Name _____

Phone _____ Email _____

Applicant Info: Name _____

☐ Property Owner is Applicant

Contact _____ Phone _____

Address _____

Email _____

☐ This is for a new home and a mailbox is not needed at this address

I understand and agree that if a City approved breakaway mailbox post assembly is required at the above referenced property it will be delivered by the City and I will pay the mailbox post assembly fee.

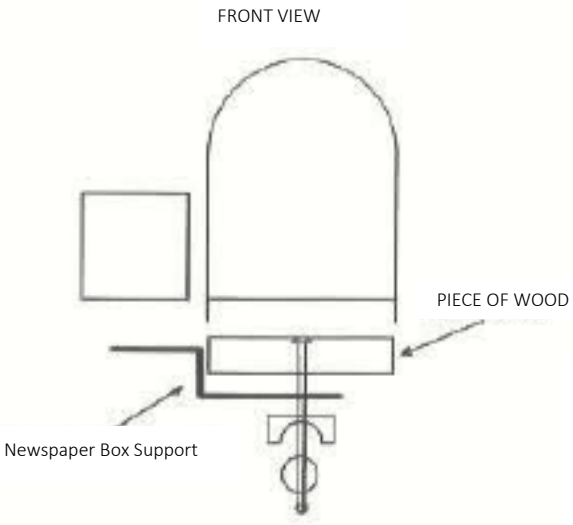
Applicant Signature _____ Date: _____

OFFICE USE ONLY

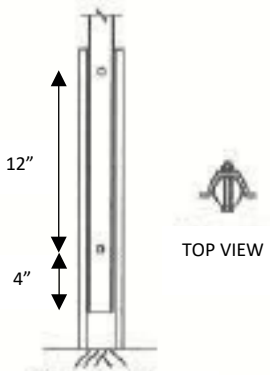
Mailbox Post Assembly Installed By: _____

Date Installed: _____ / _____ / _____

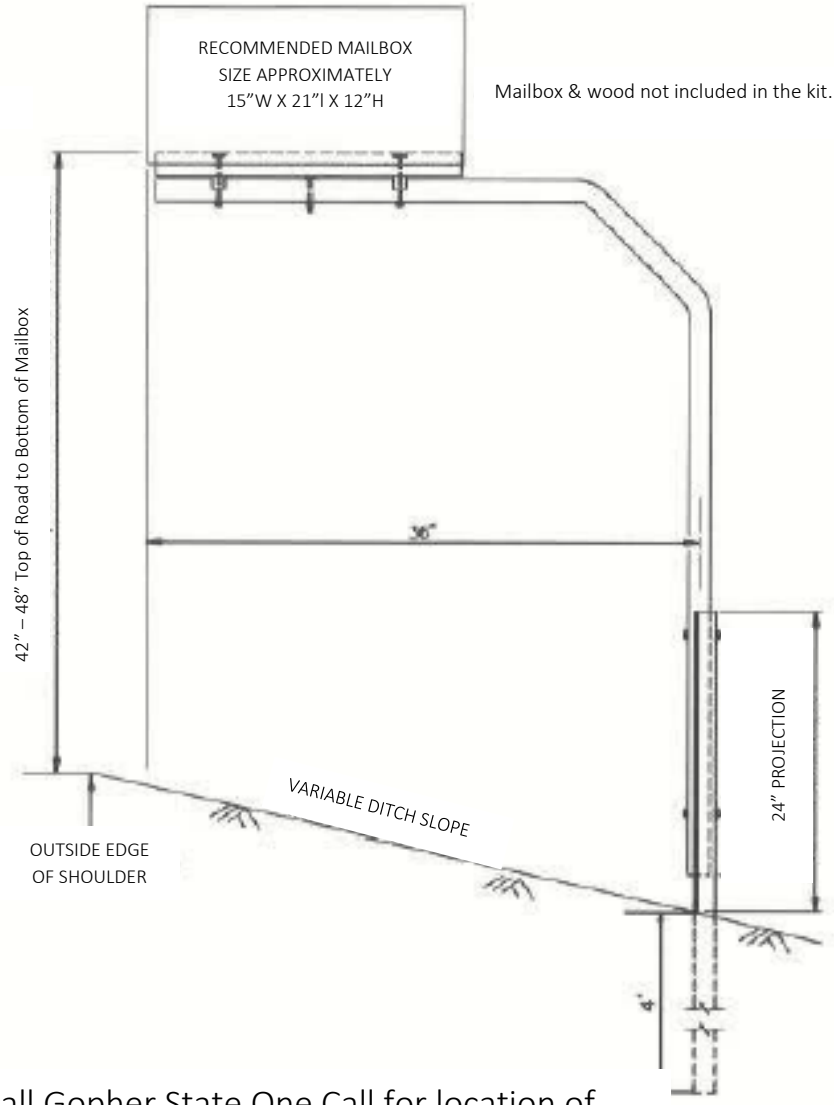
Permit #: _____



Sink bolts into wood so mailbox will sit flush on the piece of wood. Attach mailbox to the piece of wood with screws.



ROADWAY VIEW
PIPE/POST
CONNECTION



For your safety call Gopher State One Call for location of underground utilities

811 • 651-454-0002 • 1-800-252-1166

For best results the post base must be installed 4 feet into the ground. Ads and paper box should be attached to the left side of the mailbox. See diagram.

MAILBOX SUPPORT

STEEL PIPE WITH FITTINGS AND STEEL FENCE POST (SINGLE SUPPORT)

Revised 9/22/26

City Of Wyoming - Department Of Building Safety
26885 Forest Blvd, PO Box 188
Wyoming, MN 55092
651-462-0575
permits@wyomingmn.org

NOTICE

EROSION CONTROL REQUIREMENTS

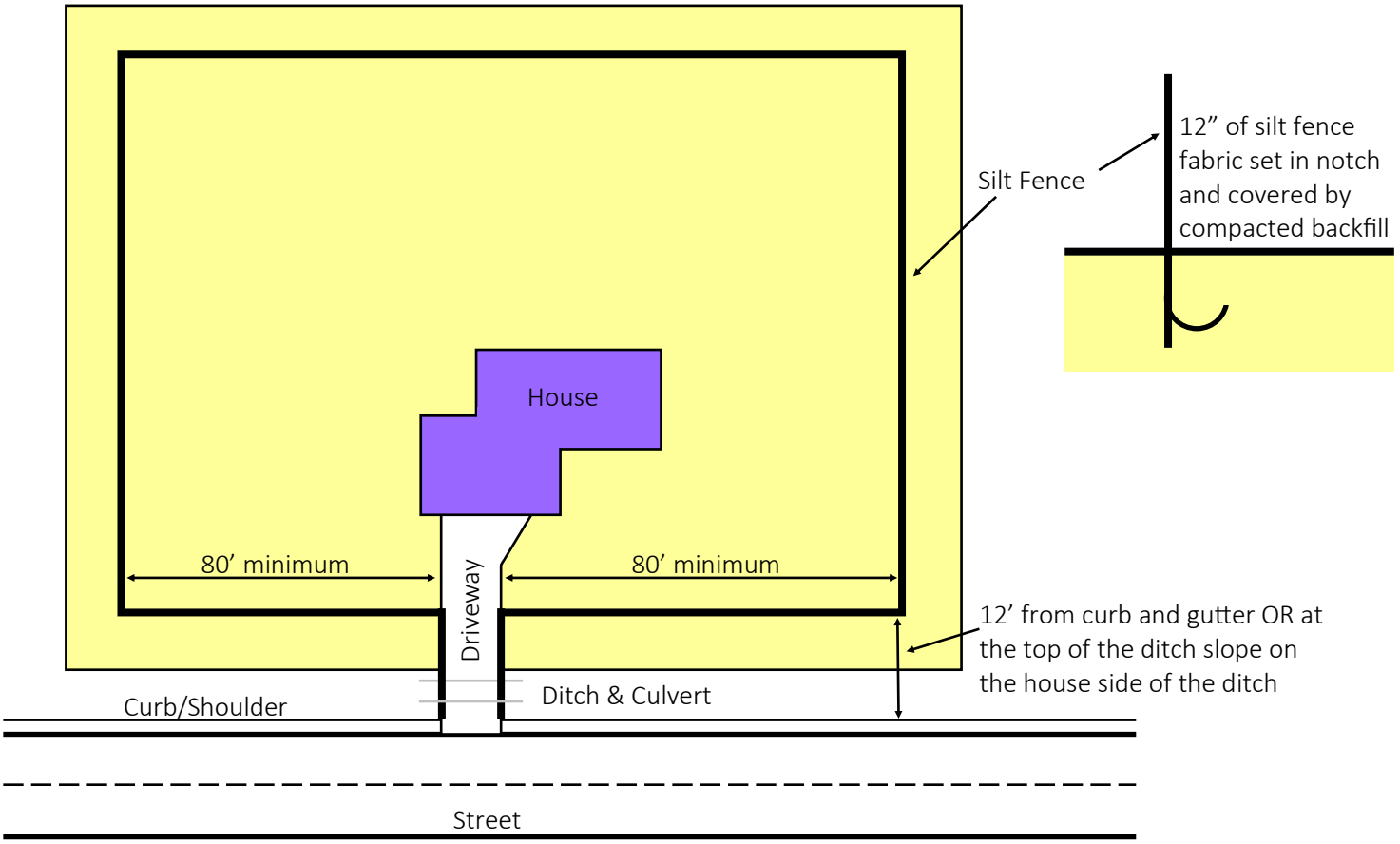
An erosion control inspection is required before the building permit will be issued. The intent is to limit dirt tracked onto the street and washed into adjacent waterways or property. At this erosion control inspection, a silt fence shall be properly installed 12 feet from the back of the curb or at the top of the back slope of the ditch. This silt fence shall start at the street on each side of the driveway, and then extend towards the side yard lot lines at a minimum of 80 feet (or stop at the property line if less than 80 feet) and extend around the entire property. Corner lots must also have silt fence installed along the street without driveway access a minimum of 80 feet from the corner.

All fences shall be continuously maintained until such time that the turf is established in the yard. A $900.00 escrow will be collected at the time the building permit is issued. 90% of the escrow will be returned after sod has been established and the silt fence has been removed.

All contractors are required to use the driveway access. There shall be no driving over the curb or through the ditch.

Additional silt fence may be required. The requirements for additional erosion control will be handled on a lot-by-lot basis.

Additional Silt Fence Required at (office use only) - _____



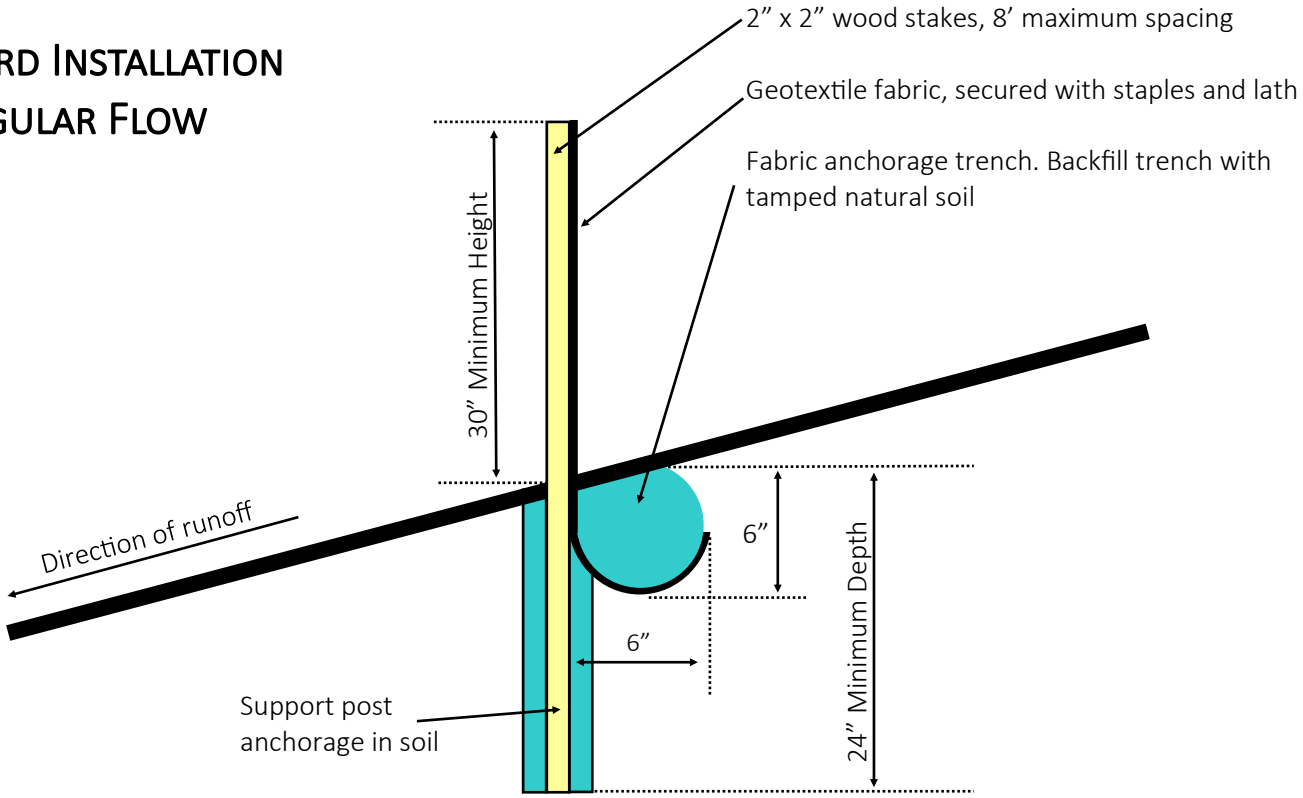
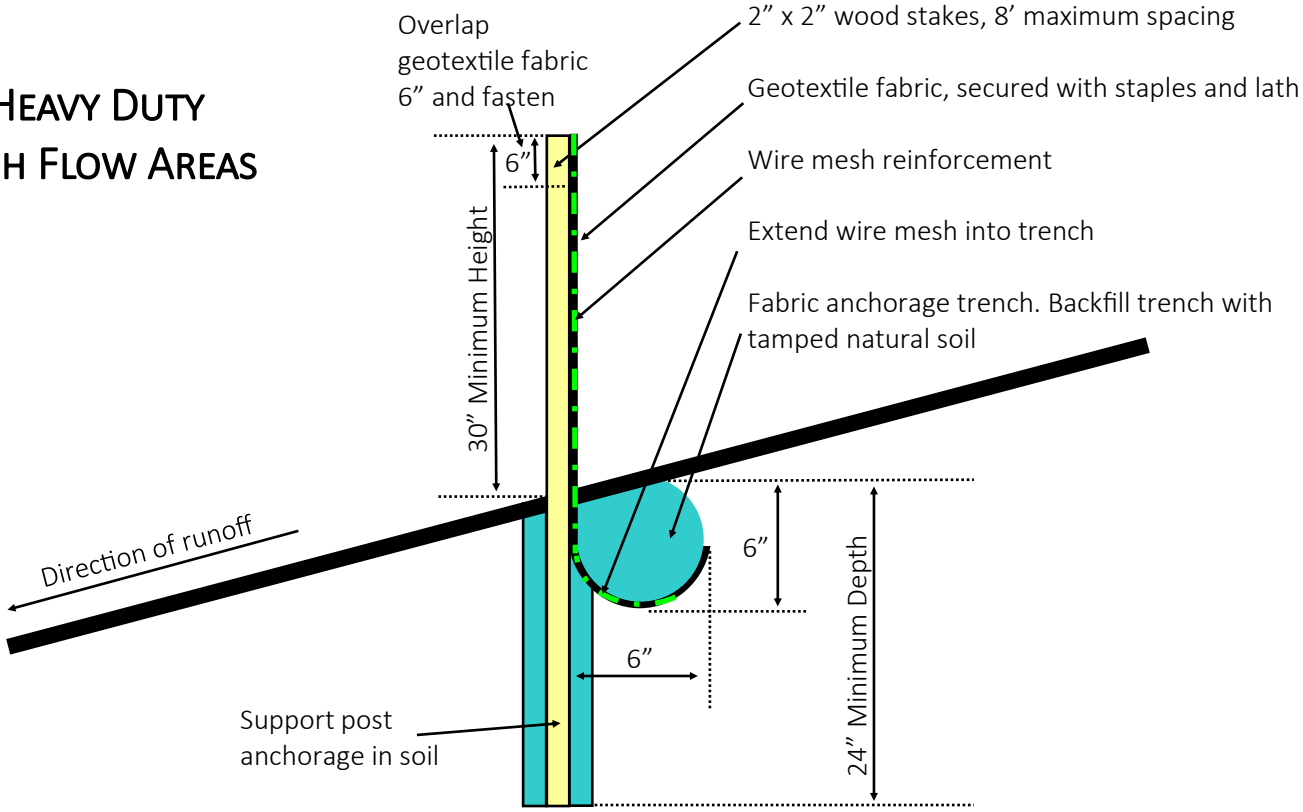
I have read and understand the Notice of Erosion Control requirements and will comply with these requirements.

Permit Applicant	Date	Phone Number

City Of Wyoming - Department Of Building Safety
26885 Forest Blvd, PO Box 188
Wyoming, MN 55092
651-462-0575
permits@wyomingmn.org

Standard Details - Siltation Fence

Standard Installation
Regular Flow



Heavy Duty
High Flow Areas