

**CITY OF DELANO**

Department of Building Inspections

234 2nd Street North, PO Box 108

Delano, MN 55328

Phone: 763 972-0550 -- Fax: 763 972-6174

BUILDING MOVING PERMIT

Permit Number: _____

Date Issued: _____

Receipt Number: _____

GOVERNMENT DATA PRACTICES ACT – TENNISON WARNING:

The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide the data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Location: _____

Date: _____

Applicant Name: _____

License No. _____

Address: _____

Phone No. _____

E-mail address: _____

Utility Cut Offs: All applicable must be signed prior to permit issuance.

Gas: _____

Date: _____

Power: _____

Date: _____

Sewer: _____

Date: _____

Water: _____

Date: _____

Septic: _____

Date: _____

Well Sealing: _____

Date: _____

Underground Tanks: _____

Date: _____

Computation of Fees:**\$ Amount/Fee****Subtotal**

Moving Structure on same lot

\$ 75.00

Moving accessory structure w/in lot

\$ 75.00

Moving primary structure w/in City

\$ 125.00

Moving structure out of City

\$ 75.00

Moving structure into City

\$ 175.00

State Surcharge

\$ 1.00

\$1.00

TOTAL:

I hereby apply for a demolition permit and I acknowledge that the information is complete and accurate; that the work will be done in accordance with the Ordinances of the City of Delano and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Print Name_____
Signature

Office Use:

Required Inspections: ☐ Site ☐ Final

Approvals Required: ☐ Fire ☐ DMU/Utility Billing ☐ Engineering
☐ Planning

Conditions of Issuance: _____

Approved By:

Date: