

**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: _____

<u>Computation of Fees:</u>	<u>\$ Amount/Fee</u>	<u>Subtotal</u>
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: