



## CITY OF DELANO

Department of Building Inspections  
 234 2<sup>nd</sup> Street North, PO Box 108  
 Delano, MN 55328  
 Phone: 763 972-0550 -- Fax: 763 972-6174

## BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Addn \_\_\_\_\_  
 PID # 107-

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: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ \*Lead Cert. No. \_\_\_\_\_  
 Contractor's License No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Permit Type: Residential  Commercial   
 New  \*Addition/Alteration  Tenant Improvement

Description of Work: \_\_\_\_\_  
 Is this a repeat plan Yes  No  Same as address \_\_\_\_\_  
 \*Is the home pre-1978? Yes  No   
 \*Does the project require lead remediation? Yes  No

Valuation of Work: \$ \_\_\_\_\_  
 I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances and policies 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 permit; that the work will be in accordance with the approved plans, specifications and codes.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### OFFICE USE:

Valuation	\$ _____	Site	<input type="checkbox"/> Code IBC <input type="checkbox"/> IRC <input type="checkbox"/>
Permit Fee	\$ _____	Footing/Fdn.	<input type="checkbox"/> Const. Type/Occ. _____
Plan Review	\$ _____	As-Built(Fdn&FG)	<input type="checkbox"/> Sprinklers _____
State Surcharge	\$ _____	Framing	<input type="checkbox"/> Zoning Dist. _____
Lead Surcharge	\$ _____	Insulation	<input type="checkbox"/> Finished Sq. Ft. _____
SAC	\$ _____	Rated Wall(s)	<input type="checkbox"/> Total Sq. Ft. _____
Connection	\$ _____	Reroof/Photos	<input type="checkbox"/> <b>Approvals:</b> _____
Grad Comp.	\$ _____	Reside/Photos	<input type="checkbox"/> Planning: _____
R-of-W	\$ _____	Stucco	<input type="checkbox"/> Engineering: _____
Silt Fence	\$ _____	Cultured Stone	<input type="checkbox"/> Public Works: _____
Other	\$ _____	Other: _____	<input type="checkbox"/> Fire: _____
<b>TOTAL</b>	<b>\$ _____</b>	Final	<input type="checkbox"/> DMU: _____

Permit Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Window Replacement – Smoke Detectors are to be installed in All of the Bedrooms and Hallways leading to them and on All levels.