



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 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 ☐ Tennant 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"/>	Approvals:	
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	_____
TOTAL	\$ _____	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.