



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

DEMOLITION 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: _____

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>
Residential Structure	\$ 100.00	_____
Commercial Structure	\$ 175.00	_____
Accessory Structure (_____ of structures)	\$ 75.00	_____
Septic/Underground Tank	\$ 75.00	_____
(Type: _____)		
State Surcharge	\$ 1.00	1.00
<u>TOTAL:</u>		_____

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: