



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

FIRE PROTECTION 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: _____

Phone No. _____

Applicant is: ☐ Owner **[OR]** ☐ Contractor

License No. _____

Address: _____

Phone No. _____

E-mail: _____

Work Type: ☐ New **[OR]** ☐ Alteration -- Description: _____

***Kitchen Hood Exhaust Cleaning (Complete attached report and return to the City)**

I hereby apply for a fire permit and I acknowledge that the information above 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 Fire 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: _____

Valuation of Work: \$ _____

Office Use:

A Permit Fee: Contact City of Delano \$ _____

B. Plan Review Fee: (When submittal documents are required) 65% of permit fee \$ _____

C. *State Surcharge: .0005 x valuation of work up to \$1,000,000 \$ _____

*Contact City for State Surcharge fee, when valuation is over 1,000,000.00.

Total: A + B + C: \$ _____

Required Inspections:

☐ Hydro ☐ Fire Pump ☐ *Fire Alarm ☐ *Trip Test ☐ Air Test ☐ Central Station
☐ Rough-In ☐ Final

*Monitoring company is not in Test

Investigation Fee: \$ _____

Approved By: _____

Date: _____