



## 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

## PLUMBING 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. \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Permit Type:  Residential  Commercial Domestic Size: \_\_\_\_\_  
 Work Type:  New  Replacement  Repair  Alteration  Fire Sprinklers

**Written Description:** \_\_\_\_\_ **Valuation of Work:** \$ \_\_\_\_\_

<b>Computation of Fees:</b>	<b>\$ Amount</b>	<b>Subtotal</b>
New Single Family home plumbing system	\$125.00 (Fixed Fee)	\$ _____
Fire Sprinkler Install (Townhouse 3 or more units)	\$125.00(Fixed Fee)	\$ _____
\$1.00 to \$2,500 valuation or Replacement	\$100.00 (Fixed Fee)	\$ _____
\$2,501 to \$50,000 valuation	2 % of valuation	\$ _____
\$50,001 and up	\$1,000 + 1% of valuation in excess of \$50,000	\$ _____
State Surcharge	\$1.00 if permit is fixed fee .0005 x valuation of work up to \$1,000,000 (Valuations over a million call for amount)	\$ _____
Plan Review Fee (When submittal documents are required)	10% of permit fee	\$ _____
<b>TOTAL</b>		\$ _____

I hereby apply for a mechanical permit and 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 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:**

Rough-In       Final       Air Test       Visual

**Approvals Required:**

Fire     Health       Other \_\_\_\_\_

Conditions of Issuance: \_\_\_\_\_

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Approved By:

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Date:

- Water heater replacement – “Provide Outside Combustion Air if not already installed.”
- Basement Bathroom finish permit. (Above - Rough-in, Final and Visual)
- Lawn Irrigation Back flow preventers permit. – “Back Flow preventer needs to be a min. of 12” above the highest sprinkler head.”