



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 MOVING 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. _____
 Architect/Engineer: _____ Registration No. _____
 Address: _____ Phone No. _____

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>
Moving Structure on same lot	\$ 50.00	_____
Moving accessory structure w/in lot	\$ 50.00	_____
Moving primary structure w/in City	\$ 100.00	_____
Moving structure out of City	\$ 50.00	_____
Moving structure into City	\$ 150.00	_____
State Surcharge	\$ 5.00	_____ \$5.00
TOTAL:		_____

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: