



**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

**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: \_\_\_\_\_

**Computation of Fees:**

**\$ Amount/Fee**

**Subtotal**

Moving Structure on same lot	\$ 50.00	_____
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Moving accessory structure w/in lot	\$ 50.00	_____
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Moving primary structure w/in City	\$ 100.00	_____
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Moving structure out of City	\$ 50.00	_____
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Moving structure into City	\$ 150.00	_____
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State Surcharge	\$ 1.00	\$1.00
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**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: