



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 PERMIT APPLICATION

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. _____

Permit Type: Residential

Commercial

New

Addition/Alteration

Tenant Improvement

Description of Work: _____

Construction Code: IBC IRC Valuation of Work: \$ _____

I hereby apply for a building 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 Building Code, that I understand this is not a permit but an application for a permit and work is not to start without permit; that the work will be in accordance with the approved plans, specifications and codes.

Print Name: _____

Signature: _____

OFFICE USE:

Valuation \$ _____

Site

Const. Type _____

Permit Fee \$ _____

Footing/Fdn

Occupancy _____

Plan Review \$ _____

As – Built

Sprinklers _____

Surcharge \$ _____

Framing

Zoning Dist. _____

_____ SAC \$ _____

Insulation

Approvals:

Connection \$ _____

Wallboard

Planning: _____

Grad Comp. \$ _____

Reroof/Photos

Engineering: _____

R-of-W \$ _____

Reside/Photos

Public Works _____

Silt Fence \$ _____

Stucco

Fire _____

Other \$ _____

Cultured Stone

DMU _____

Other: _____

Bonds _____

Final

TOTAL \$ _____

Permit Approved By: _____

Date Approved: _____