



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 Other: _____
 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 State Surcharge: .0005 x valuation of work up to \$1,000,000 \$ _____
 B. Permit Fee: Based on City of Delano Fee Table \$ _____
 C. Plan Review Fee: (When submittal documents are required) 65% of permit fee \$ _____
Total: A + B + C: \$ _____

Required Inspections:
 Hydro Fire Pump Fire Alarm Trip Test Air Test
 Central Station Final

Investigation Fee: \$ _____

 Approved By: _____ Date: _____