



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

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. _____
 Engineer: _____ Registration No. _____
 Address: _____ Phone No. _____
 Permit Type: Residential Commercial Domestic Size: _____
 Work Type: New Replacement Repair Alteration

Valuation of Work: \$ _____ Written Description: _____

Computation of Fees:	\$ Amount	Subtotal
New Single Family home plumbing system	\$100.00 (Fixed Fee)	\$ _____
\$1.00 to \$2,500 valuation	\$50.00 (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	\$5.00 if permit is fixed fee	\$ _____
	.0005 x valuation of work up to \$1,000,000	\$ _____
Plan Review Fee (When submittal documents are required)	10% of permit fee	\$ _____
TOTAL		\$ _____

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: _____

Approved By:

Date: