



**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

**ZONING PERMIT**

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

**GOVERNMENT DATA PRACTICIES 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. \_\_\_\_\_

E-mail: \_\_\_\_\_

- Permit Type:  **Residential Zone**       **Commercial Zone**  
 \*New Sign                                       \*Addition/Alteration to Existing Sign  
 \*New Fence                                         \*Addition/Alteration to Existing Fence  
 \*Other: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Valuation of Work: \$ \_\_\_\_\_

I hereby apply for a zoning 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:**

Valuation \$ \_\_\_\_\_  
Permit Fee \$ \_\_\_\_\_  
Inspection \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

Construction Type \_\_\_\_\_  
Zoning District \_\_\_\_\_  
**Approvals**  
Planning \_\_\_\_\_  
Public Works \_\_\_\_\_  
DMU \_\_\_\_\_

- \*Inspections: Site            Footing        
   Framing        
   Final

\_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_