



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

ZONING 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. _____

- 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 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:

Valuation: \$ _____
 Permit Fee \$ _____
 Inspection \$ _____
 Other \$ _____

TOTAL \$ _____

Construction Type: _____
 Zoning District _____
Approvals
 Planning _____
 Public Works _____
 DMU _____

Approved By:

Date: