

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Attention: Doug Nord
 443 Lafayette Road North, St. Paul, MN 55155
 Phone: 651-284-5838 Fax: 651-284-5749
 Web: www.dli.mn.gov



Municipal Delegation Agreement Application
BOTH PLAN REVIEW AND INSPECTIONS – PART 1 of 3
Building Code Administration on Public Buildings and State Licensed Facilities

Please complete and return this application (**with REQUIRED information in Parts 2 and 3**). You will be contacted when your application is received.

Municipality Name	Type: <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> County	
Building Official Name	Work Phone Cell Phone Email	
Mailing Address	City	State Zip Code
Signature Building Official	Certification No.	Date
Signature Municipal Manager/Administrator	Date	

CONDITIONS OF AGREEMENT:

- A. Municipality will attend to all aspects of State Building Code administration, including:
- conduct plan review of buildings, grounds, and fire protection systems with written plan review comments;
 - interpret, apply, and enforce all applicable code provisions;
 - issue permits and maintain all records;
 - approve and oversee Special Inspections;
 - document and maintain files of all equivalencies and modifications to the code as required by Minnesota Rule 1300;
 - adhere to all applicable written division Plan Review Policies. See <http://www.dli.mn.gov/CCLD/Opinion.asp>;
 - perform all required inspections including those required for fire protection systems;
 - review change orders and addendums for code compliance;
 - will issue certificate of occupancy where applicable and/or final inspection of project.
- B. To conduct fire protection system inspections and plan review, the individual needs to have a minimum of 5 years of experience, or a written notice from the State of Minnesota Fire Marshal's Office transferring sprinkler plan review and inspection authority.
- C. Your normal permit and plan review fees may be charged under this agreement.

Parts 2 and 3 must also be completed and submitted with this application to Doug Nord at:
doug.nord@state.mn.us

Part 2: RESUME of QUALIFICATIONS

Complete this form for 5 building projects that you plan-reviewed or inspected within the last 5 years

Name of Plan Reviewer/Inspector:	Current Work Responsibilities:	
PROJECT #1		
Building Project Name:	State Building Project <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and return Part 3)	
Building Project Address:	Start Date:	You Performed (check all that apply): <input type="checkbox"/> Plan Review <input type="checkbox"/> Inspection
	End Date:	
PROJECT #2		
Building Project Name:	State Building Project <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and return Part 3)	
Building Project Address:	Start Date:	You Performed (check all that apply): <input type="checkbox"/> Plan Review <input type="checkbox"/> Inspection
	End Date:	
PROJECT #3		
Building Project Name:	State Building Project <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and return Part 3)	
Building Project Address:	Start Date:	You Performed (check all that apply): <input type="checkbox"/> Plan Review <input type="checkbox"/> Inspection
	End Date:	
PROJECT #4		
Building Project Name:	State Building Project <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and return Part 3)	
Building Project Address:	Start Date:	You Performed (check all that apply): <input type="checkbox"/> Plan Review <input type="checkbox"/> Inspection
	End Date:	
PROJECT #5		
Building Project Name:	State Building Project <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and return Part 3)	
Building Project Address:	Start Date:	You Performed (check all that apply): <input type="checkbox"/> Plan Review <input type="checkbox"/> Inspection
	End Date:	
Current Certifications in Relevant Building Code Inspection or Plan Review:		
Seminars/Education Related to State Projects:		

Part 3: RESUME of QUALIFICATIONS

Complete one of these forms for each building you identified in Part 2 that was not a State Building Project.

Name of Plan Reviewer/Inspector:	Permit No:	Building Project Name:
Check all that apply: <input type="checkbox"/> Building Plan Review <input type="checkbox"/> Building Inspection	Start Date:	Building Project Address:
	End Date:	
	Project Status: <input type="checkbox"/> Complete <input type="checkbox"/> Under Construction	

In at least 5 of the 6 component categories, check each of the building elements that you plan – reviewed or inspected for the building project listed above.

Component Categories

1. Structural:

- Structural steel and connections
- Structural masonry
- Pilings

Structural cast-in-place concrete:

- Composite floors
- Walls
- Other structural members

Pre-cast structural concrete and connections:

- Walls
- Floors/Roofs
- Columns and Beams

4. Mechanical:

- Type 1 hoods
- Process piping
- Make-up air systems
- Hazardous Exhaust systems
- Medium and high pressure gas piping systems

2. Fire Resistance:

- Walls and Floors
- Structural members
- Penetrations and firestopping systems
- Spray-applied fire proofing
- Shafts
- Smoke barriers
- Smoke compartments
- Control areas
- Smoke and fire dampers

5. Fire Protection:

- Alarm systems
- Alternate fire-protection system designs
- Standpipes
- Fire pumps
- Smoke control systems

3. Egress:

- Exit enclosures
- Horizontal exits
- Exit passageways
- Areas of refuge
- Elevator lobbies
- Alternate locking devices

6. Miscellaneous:

- Hazardous materials storage or control rooms
- Atriums
- Auditoriums
- Stages
- Grandstand-type bleacher seating structures
- Pedestrian walkways
- Emergency power systems