

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Attention: Scott Wheeler
443 Lafayette Road North, St. Paul, MN 55155
Phone: 651-284-5876 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/workers/licenses-permits-and-plan-reviews/building-plan-review-interpretations-policies-and>;
- 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 Scott Wheeler at:
scott.wheeler@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