

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](http://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 be qualified (must have a minimum of 5 years of experience) to perform this type of work.
- 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](mailto: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:	
<b>PROJECT #1</b>		
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:	
<b>PROJECT #2</b>		
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:	
<b>PROJECT #3</b>		
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:	
<b>PROJECT #4</b>		
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:	
<b>PROJECT #5</b>		
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