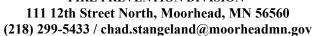
## TANK INSTALLATION PERMIT APPLICATION



## CITY OF MOORHEAD FIRE PREVENTION DIVISION





Note: No permit required for tanks under 500 gallons

	Maxill	num ano	wabie tank	Size of	15,000 gailons		
Issued to (Applicant)	):						
Address of Applican							
For Property Locate	d Δt·						
Torrioporty Educate	a 7 tt.						
Owner Name and Address Contract					or Name, Address, and	d State Certification #:	
				·			
Email:							
				IIIaii.			
Type of Work to be I	Done:						
Number of Tanks To		Size (Gallons Per Tank):					
Above Ground				Under Ground			
Additional Information					Officer Official		
Additional information	л		Permit	Foo			
			Periiii	гее		T	
1. Total Cost of Tank(s) Plus Labor (Total Valuation):						\$	
2. Total Surcharge Cost (use .0005 x the valuation in number 1 above.) Example: If the							
valuation in number 1 above is \$20,000.00 the surcharge would be .0005 x \$20,000.00							
and the surcharge amo	\$						
3. *Permit Fee Based on Total Valuation (use fee schedule for Building Codes Permit Fee							
for Commercial, Industrial and Institutional) with a <b>minimum</b> of \$50.00 per tank. <b>Enter</b>							
the Permit Fee:						\$	
4. Total Permit Fee (add the amounts from numbers 2 and 3 above). Enter the Total							
Permit Fee:						\$	
* Install is based on Building Codes Permit Fee Commercial, Industrial and Institutional (minimum \$50.00/tank)							
Attached is a site drawing and tank appointing a provided							
Attached is a site drawing and tank specifications provided							
Attached is the completed and signed Certificate of Compliance Minnesota Workers'							
Compensa	ation Law Fo	rm (Requ	iired by Minr	esota St	atutes, Section 176.1	82)	
This work shall be de	ana in aanfa		h all annliach	de erdine	nace and statutes of	f the State of	
This work shall be do Minnesota, Minnesot	a State Fire (	Code and	l City of Moo	rhead un	der the direction of t	the State of the Fire Chief.	
Inspections will be m	ade by the F	Fire Chief	or his/her re	presenta	tives.		
All	4	14	£ :£ .44.			!4	
All work is subject to a double permit fee if started before issuance of a permit.  CALL FOR INSPECTIONS REQUIRED (218) 299-5433.							
CALL FOR INSPEC	TIONS REC	KOIKED	(210) 299-54	<u> </u>			
Applicant Name (Disc	aa muimt alaas	ωl. ε\.					
Applicant Name (Pleas	se print clear	riy):					
A 1' (O' )					Data		
Applicant Signature:					Date:		
Approval by Authoriz	ad Fire Pers	onnel:					
Approval by Authoriz	ea i ne i eis	Officer.					
Approved By:							
Fire Chief or Representative					DATE		
- <b>r</b>						<del>_</del>	
OFFICE USE	PERMI	IT#	TOTAL	FEE	CASH	CHECK#	
ONLY						1	

Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North PO Box 64217 St. Paul, MN 55155



E-mail: <u>dli.license@state.mn.us</u>

Website: <u>www.dli.mn.gov</u> Phone: (651) 284-5034

## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

## Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to
operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance
coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty
assessed against the applicant by the commissioner of the Department of Labor and Industry

A valid workers' compensation policy must be kept in effect at all times by employers as required by law. License or certificate number (if applicable) Business telephone number Alternate telephone number Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) DBA ("doing business as" or "also known as" an assumed name), if applicable Business address (must be physical street address, no P.O. boxes) State ZIP code City County Email address You must complete number 1 or 2 below. Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes. 1. I have a workers' compensation insurance policy. Insurance company name (not the insurance agent) Policy number Effective date Expiration date I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.) 2. I am not required to have workers' compensation insurance because: I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.) I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.) I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.) I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not required to be covered I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business. Print name **Applicant signature (required)** Title Date

If you have questions about completing this form or to request this form in Braille, large print or audio.

Certificate of Compliance MN Workers' Compensation Law 4.20.2023