TANK INSTALLATION PERMIT APPLICATION



CITY OF MOORHEAD FIRE PREVENTION DIVISION

111 12th Street North, Moorhead, MN 56560 (218) 299-5493 / jamie.garvey@moorheadmn.gov



Note: No permit required for tanks under 500 gallons Maximum allowable tank size of 15,000 gallons

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Issued to (Applicant)	:						
Address of Applicant	:						
For Property Located	d At:						
Owner Name and Address				Contracto	or Name, Address, an	d State Certification #:	
						_	
			Email:				
				Phone #:			
Type of Work to be D	Done:						
Number of Tanks To Install:				Size (Gallons Per Tank):			
Above Ground					Under Ground		
Additional Information:							
			Permi	t Fee			
Total Cost of Tank(s) Plus Labor (Total Valuation):						\$	
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 amount would be \$10.00). Enter the Total Surcharge Cost:						\$	
3. *Permit Fee Based							
for Commercial, Industrial and Institutional) with a minimum of \$50.00 per tank. Enter 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)						<u>ΙΨ</u> nimum \$50.00/tank)	
	•		ank specific		•	,	
		•	-	-			
Attached is the completed and signed Certificate of Compliance Minnesota Workers' Compensation Law Form (Required by Minnesota Statutes, Section 176.182)							
Compensa	ation Law F	orm (Requ	irea by Mini	nesota Sta	tutes, Section 1/6.18	i2)	
This work shall be do	ne in confo	ormity with	all applicat	ole ordinan	ices and statutes of	the State of	
Minnesota, Minnesota Inspections will be m	a State Fire	Code and Fire Chief	City of Moo or his/her re	rhead und enresentati	er the direction of th	e Fire Chief.	
-	-			-		•	
All work is subject					ssuance of a perm	it.	
CALL FOR INSPEC	HONS RE	QUIRED (218) 299-54	<u>193.</u>			
Applicant Name (Pleas	se print cle	arly):					
Applicant Phone #:							
Applicant Signature:					Data		
Applicant Signature:					Date:		
Approved By:							
		e Chief or Representative				DATE	
OFFICE USE	PER	MIT#	TOTA	L FEE	CASH	CHECK#	
ONLY						Ti	

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