

## Shoreview Building Dept 4600 Victoria Street North Shoreview, Minnesota 55126 651-490-4683 I shoreviewmn.gov

Received:	
Permit #	
Issued:	

## **Plumbing Permit Application**

Site address:										
Applicant info	rmation									
Name:										
Address:										
Phone number:	ne number: Email:									
License:	Expiration:									
Property own	er information									
Name:										
Address:										
Phone number: Email:										
Describe work:	New Construction		Residential	Com	Commercial					
Automatic Washer	Hose bib		RPZ		Water Meter Connection					
Bath Tub	Kitchen Sink		Rough-in Opening	Wat	Water Heater					
Drinking Fountain	Laundry Tray		Shower		Water Softener					
Floor Drain	Lawn Irrigation		Wash Basin/Sink	Clo	Water Closet/Toilet					
Garbage Disposal			Other:							
By signing this application, you hereby certify that you have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Applicant takes full responsibility for all work performed.			Base Permit Fee		\$	25.00	0			
			Total Fixtures x 10.00		\$					
			State Surcharge			1.00	)			
			Total Permit Fee (min \$36)			\$				
			,		1					
Signature			 Date							
Signature			Date							