



Shoreview Building Department  
4600 Victoria Street  
Shoreview, MN 55126

**Send to:**  
**permits@shoreviewmn.gov**

Received: _____
Permit # _____
Issued: _____

## Building Permit Application

\*\* Application information must completed, including signature, or permit issuance may be delayed

Site address: \_\_\_\_\_

### Contractor/Applicant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### Property owner information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Residential project information (single family, duplex, or townhome)

Valuation of project (labor & materials): \$ \_\_\_\_\_

Explain project: \_\_\_\_\_

Does this project require lead remediation? Yes  No

If no, explain: \_\_\_\_\_

- |                                   |  |                                  |                                 |
|-----------------------------------|--|----------------------------------|---------------------------------|
| Addition <input type="checkbox"/> | Basement <input type="checkbox"/>              | Deck <input type="checkbox"/>    | Demo <input type="checkbox"/>   |
| Garage <input type="checkbox"/>   | Pool <input type="checkbox"/>                  | Remodel <input type="checkbox"/> | Repair <input type="checkbox"/> |
| Roof <input type="checkbox"/>     | Siding <input type="checkbox"/>                | Window <input type="checkbox"/>  | Other <input type="checkbox"/>  |
| New Home <input type="checkbox"/> | Demo entire structure <input type="checkbox"/> | _____                            |                                 |

### Commercial/Industrial (All other projects)

Owner/Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Tenant Finish:  Addition:  Alteration:  Repair:  Other:

Explain: \_\_\_\_\_

***(application continued on back)***

### Commercial/Industrial (continued)

Occupancy Classification: \_\_\_\_\_ Type of Construction: \_\_\_\_\_  
Sq. Footage: \_\_\_\_\_ Sprinkled: Yes \_\_\_\_\_ No \_\_\_\_\_  
Estimated Completion Date: \_\_\_\_\_ Value of Improvement: \$ \_\_\_\_\_

### FOR OFFICE USE ONLY:

Flood determination: \_\_\_\_\_ Zone: \_\_\_\_\_  
Does/Did this project require City Council or Planning Commission authorization:  
Yes  No   
Did the City Council or Planning Commission impose any conditions of approval:  
Yes  No  (If yes, attach a copy)  
Planning: \_\_\_\_\_ Date: \_\_\_\_\_  
Engineering: \_\_\_\_\_ Date: \_\_\_\_\_

### Fees / Escrows

Erosion Control Escrow \$ _____	SAC (____ Units) \$ _____
Erosion Control Inspection \$ _____	Water Connection \$ _____
Grading Certificate Escrow \$ _____	Water Area Connection \$ _____
Planning & Landscape Escrow \$ _____	Water Source & Supply \$ _____
Street Repair Escrow \$ _____	Water Meter \$ _____
Sewer Connection Charge \$ _____	Sewer Area Connection \$ _____
Sales Tax \$ _____	<b>TOTAL FEES \$ _____</b>

### Signature

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed application to: [permits@shoreviewmn.gov](mailto:permits@shoreviewmn.gov)

Questions? Please call 651-490-4690