



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

Received: _____
Permit # _____
Issued _____

Commercial Mechanical Permit Application

Site address: _____

Contractor/Applicant information

Name: _____ Bond: _____

Address: _____

Phone number: _____ Email: _____

Tenant information

Name: _____

Address: _____

Phone number: _____ Email: _____

Minimum 48 hour notice required for inspections

Piping For:

Gas	<input type="checkbox"/>	Hot Water Heater	<input type="checkbox"/>
Oil	<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>
Steam	<input type="checkbox"/>	Other	<input type="checkbox"/>

Duct Installation For:

Heating	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>
Other	<input type="checkbox"/>
Indicate Duct Type and Linear Feet:	<input type="checkbox"/>

List each furnace, boiler, unit heater, roof top unit, gas burner, oil burner, air conditioner, refrigeration unit or equipment to be installed:

# of units	Type of equipment	Make	Capacity

Total cost of installation including Labor, Material, and Equipment: \$ _____
 Multiply times 1.5% (minimum fee \$35): \$ _____
 Subtotal: \$ _____
 State surcharge (multiply .0005 x cost of Labor & Materials): \$ _____
Total Fee: \$ _____

 Signature

 Date