



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 \$ _____	TOTAL FEES \$ _____

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

Questions? Please call 651-490-4690