

**Plumbing Permit Application  
City of Shoreview  
4600 North Victoria Street  
Shoreview, MN 55126  
(651) 490-4600 / Fax 651-490-4696**



**Licensing Requirements:**

All contractors must have current state license.

**Parcel Address:**

Owner Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Contractor Name:**

**License #**

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_

(Please print)

**Describe Work:**

**Residential**

**Commercial**

FIXTURES	QTY	FIXTURES	QTY	FIXTURES	QTY
Water Heaters		Floor Drains		Garbage Disposals	
Water Closets		Laundry Trays		Rough-In-Openings	
Wash Basins (Lavs)		Hosebibs		Drinking Fountains	
Showers		Water Softeners		Lawn Irrigation	
Bath Tubs		Dishwashers		Other	
Kitchen Sinks		Automatic Washers			

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.

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

**CALL FOR INSPECTIONS 651-490-4685**

<b>FEES</b>	<b>Base Permit Fee</b>	<b>\$ 25.00</b>
	<b>Total Fixtures _____ x 10.00</b>	<b>\$</b>
	<b>State Surcharge</b>	<b>\$ 5.00</b>
	<b>TOTAL PERMIT FEE</b>	