

CITY OF SHOREVIEW

4600 Victoria Street North
Shoreview, MN 55126
City: 651-490-4600
Fax: 651-490-4696
www.shoreviewmn.gov

**COMMERCIAL
MECHANICAL PERMIT**



Building Inspection Line: 651-490-4685

For Heating, Ventilation, Air Conditioning, Refrigeration, Gas, and Oil
(Do not use this form for RESIDENTIAL INSTALLATIONS)

Site Address _____

Tenant _____ Tenant Phone _____

Contractor _____ Contractor Phone _____

Contractor's Address _____

Contractor's Email _____

Minimum Forty-Eight (48) Hour Notice Required For Inspections.

"X" BELOW WORK COVERED BY THIS PERMIT

Piping For:

Duct Installation For:

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

Indicate Duct Type and Linear Feet: _____

List each Furnace, Boiler, Unit Heater, Roof Top Unit, Gas Burner, Oil Burner,
Air Conditioner, Refrigeration Unit or Equipment to be installed:

No. of Units	Type of Equipment	Make	Capacity

Total Cost of Installation Including Labor, Material, and Cost of Equipment: \$ _____

Multiply Times 1.5% (Minimum Fee \$35.00): \$ _____

Subtotal Fee: \$ _____

State Surcharge (Multiply .0005 x Cost of Labor and Materials): \$ _____

Total Fee: \$ _____

Signature of Applicant: _____ Date: _____