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:_____

Email address: _____

Describe Work: **New Construction** ☐ **Residential** ☐ **Commercial** ☐

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

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

FEES		
	Base Permit Fee	**$ 25.00**
	Total Fixtures ____ x 10.00	$
	State Surcharge	**$ 1.00**
	TOTAL PERMIT FEE	$

Updated 8/14/17