

Residential Heating 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 bond filed with State

Parcel Address:

Owner Name: _____ Phone No: _____

Owner Address: _____ City, State, Zip _____

Contractor Name:

Bond

Address: _____ Phone No: _____

City, State, Zip: _____ Contact Name: _____

Email address: _____

Part A INSTALLATION / QUANTITY		FEE	Part B GAS PIPING INSTALLATION (\$20.00)	
				QUANTITY
FURNACE	_____ X \$35.00=	_____	FURNACE	_____
BOILER	_____ X \$35.00=	_____	BOILER	_____
FIREPLACE	_____ X \$35.00=	_____	HEATING APPLIANCE	_____
HEATING APPLIANCE	_____ X \$35.00=	_____	OVEN / COOKTOP	_____
AIR CONDITIONERS*	_____ X *\$30.00=	_____	DRYER	_____
HRV HEAT Exchange	_____ X \$35.00=	_____	FIREPLACE / GAS LOG / LOG LIGHTER	_____
WARM AIR DUCT SYSTEM	\$35.00=	_____	HOT WATER HEATER	_____
BATHROOM VENT FAN	\$35.00=	_____	OTHER:	_____
HOT WATER PIPING	_____ X \$35.00=	_____		
PART A TOTAL: _____			PART B TOTAL _____ X \$20.00=	_____

SUB TOTAL (A & B) \$ _____

SURCHARGE + **\$1.00**

TOTAL FEE

\$

Minimum Permit Fee \$36.00 (\$35+\$1 surcharge)

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 Signature _____

Date _____

CALL FOR INSPECTIONS

651-490-4685