

# DEMOLITION STRUCTURE PERMIT APPLICATION



Shoreview Building Department  
4600 Victoria Street North  
Shoreview, MN 55126

Send to: [permits@shoreviewmn.gov](mailto:permits@shoreviewmn.gov)

Received: \_\_\_\_\_  
Permit Number: \_\_\_\_\_

## Property Information

Property Address: \_\_\_\_\_

Owner Name: (Required) \_\_\_\_\_

Owner Phone Number: (Required) \_\_\_\_\_

Owner Email Address: (Required) \_\_\_\_\_

## Applicant/Contractor Information

Company Name (Contractors Only): \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contractor License/Bond # \_\_\_\_\_

## Other Information

☐ Temporary Disconnect: Public Works permit is required ☐ Sewer ☐ Water

☐ Permanent Disconnect: Public Works permit is required ☐ Sewer ☐ Water

**Sewer and Water must be disconnected before any demolition begins.**

Call 651-490-4650 to schedule a sewer or water inspection

Eligible for SAC credit: \_\_\_\_\_

Describe Project: \_\_\_\_\_

☐ Residential ☐ Commercial ☐ Single Family ☐ Multi Family

☐ Accessory Structure ☐ Garage ☐ Other \_\_\_\_\_

Base Fee

\$ 80.00

State Surcharge

\$ 1.00

Total Permit Fee **Minimum Fee: \$80**

\$ 81.00

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 \_\_\_\_\_