

RESIDENTIAL PLUMBING PERMIT APPLICATION



Shoreview Building Department
4600 Victoria Street North
Shoreview, MN 55126
Send to: permits@shoreviewmn.gov

Received: _____
Permit Number: _____

Property Information

Property Address:	
Owner Name: (Required)	Owner Cell 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 # _____

Project Details

New Construction
 Addition
 Remodel
 Repair
 Other _____

Please list the number of items. They are \$15.00 each

<input type="checkbox"/> Bath Tub	<input type="checkbox"/> Irrigation PVB	<input type="checkbox"/> Sink/Wash Basin	<input type="checkbox"/> Water Meter Connection
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Softener
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Laundry Tray	<input type="checkbox"/> Toilet	<input type="checkbox"/> Other _____
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> RPZ	<input type="checkbox"/> Water Heater	_____
<input type="checkbox"/> Hose Bib	<input type="checkbox"/> Rough In Openings		

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.	Base Permit Fee	\$ 65.00
	Total Fixtures _____ x \$15.00	\$
	State Surcharge	\$ 1.00
	Total Permit Fee (Min \$80.00)	\$
Signature _____		
Date _____		