



BUILDING PERMIT APPLICATION

Shoreview Building Department
4600 Victoria Street North
Shoreview, MN 55126

Send to: permits@shoreviewmn.gov

Date 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 # _____ EPA Lead Certification # _____ Lead Remediation Yes ___ No ___

Residential Project Details

Single Family Townhouse 2-Family Dwelling

Addition

Door

Pool-Underground

Roof

Other _____

Basement

Garage

Remodel

Shed Over 200 SF

Deck

Kitchen

Repair

Siding

Demo

New Home

Retaining Walls Over 4'

Window

Scope of Work: _____

Valuation of project (labor, materials and equipment) \$ _____

Commercial /Industrial/Multifamily Project Details

New Construction Addition Remodel Tenant Finish Repair Other

Owner/Tenant: _____

Phone: _____

Address: _____

Scope of Work: _____

Occupancy Classification: _____

Type of Construction: _____

Square Footage: _____

Sprinkled: Yes ___ No ___

Estimated Completion Date: _____

Value of Improvement: \$ _____

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 _____