RESIDENTIAL MECHANICAL 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 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 Bond # _____			

Project Details

A: Installation: **Please list the number of items. They are $15.00 each**

___ Air Conditioner ___ Bathroom Vent Fan ___ Boiler	___ Duct Work ___ Fireplace	___ Furnace ___ Heat Pump	___ Range Hood ___ Other _____

B: Gas Piping Installation: **Please list the number of items. They are $15.00 each**

___ Boiler ___ Dryer	___ Fireplace ___ Furnace	___ Hot Water Heater ___ Oven/Cook Top	___ Pool ___ Other _____

Base Fee	$ 65.00
Total of items in Section A _____ + Section B _____ = _____ x $15 each	$
State Surcharge	$ 1.00
Total Permit Fee **Minimum Fee: $80**	$

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 _____