



Shoreview Building Dept  
 4600 Victoria Street North  
 Shoreview, Minnesota 55126  
 651-490-4683 | shoreviewmn.gov

Received: _____
Permit #: _____
Issued: _____

# Building Permit Application

Note: all application information to be completed fully or permit issuance will be delayed

Site address: \_\_\_\_\_

## Contractor/Applicant information

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

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

## Property owner information

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

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Other information

Valuation of project (labor & materials: \$ \_\_\_\_\_)

Explain project: \_\_\_\_\_

Does this project require lead remediation? Yes  No

If no, explain: \_\_\_\_\_

Addition <input type="checkbox"/>	Basement <input type="checkbox"/>	Deck <input type="checkbox"/>	Demo <input type="checkbox"/>
Garage <input type="checkbox"/>	Pool <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>
Roof <input type="checkbox"/>	Siding <input type="checkbox"/>	Window <input type="checkbox"/>	Other <input type="checkbox"/>
New Home <input type="checkbox"/>	Demo entire structure <input type="checkbox"/>	Commercial: on back	

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 \_\_\_\_\_

**Commercial/Industrial (New)**

Use/Occupancy: A-1:\_\_\_ A-2:\_\_\_ A-3:\_\_\_ A-4:\_\_\_ A-5:\_\_\_ B:\_\_\_ E:\_\_\_ F-1:\_\_\_ F-2:\_\_\_ H-1:\_\_\_ H-2:\_\_\_ H-3:\_\_\_  
H-4:\_\_\_ H-5:\_\_\_ I-1:\_\_\_ I-2:\_\_\_ I-3:\_\_\_ I-4:\_\_\_ M:\_\_\_ R-1:\_\_\_ R-2:\_\_\_ R-3:\_\_\_ R-4:\_\_\_ S-1:\_\_\_ S-2:\_\_\_ U:\_\_\_  
Type of Construction (circle): Type: I II III V **AND** A or B OR Type: IV HT  
Sq Footage: \_\_\_\_\_ Sprinkled: Yes\_\_\_ No\_\_\_ Value of Improvement \$ \_\_\_\_\_

**Commercial (Other)**

Owner/Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Tenant Finish: \_\_\_\_\_ Addition: \_\_\_\_\_ Alteration: \_\_\_\_\_ Repair: \_\_\_\_\_ Other: \_\_\_\_\_

Explain: \_\_\_\_\_

Occupancy Classification: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_ Value of Improvement: \$ \_\_\_\_\_

**FOR OFFICE USE ONLY Approvals:**

Flood determination: \_\_\_\_\_ Zone: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering: \_\_\_\_\_ Date: \_\_\_\_\_

Planning: \_\_\_\_\_ Date: \_\_\_\_\_

Does/Did this project require City Council or Planning Commission authorization:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did the City Council or Planning Commission impose any conditions of approval:

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, attach a copy)

**Fees**

Erosion Control Escrow \$ \_\_\_\_\_ SAC (\_\_\_\_ Units) \$ \_\_\_\_\_

Erosion Control Inspection \$ \_\_\_\_\_ Water Connection \$ \_\_\_\_\_

Grading Certificate Escrow \$ \_\_\_\_\_ Water Area Connection \$ \_\_\_\_\_

Planning & Landscape Escrow \$ \_\_\_\_\_ Water Source & Supply \$ \_\_\_\_\_

Street Repair Escrow \$ \_\_\_\_\_ Water Meter \$ \_\_\_\_\_ Sales Tax \$ \_\_\_\_\_

Sewer Connection Charge \$ \_\_\_\_\_ Sewer Area Connection \$ \_\_\_\_\_

**TOTALS \$ \_\_\_\_\_**