CITY OF SHOREVIEW
4600 N. Victoria Street
(651-490-4681)
email to: asedey@shoreviewmn.gov

DATE APPLIED: _____

PERMIT #: _____

RESIDENTIAL ZONING PERMIT APPLICATION

Any project nearing the minimum setback or on the property line, **will require the property pins be exposed for final inspection.*

Site Address _____

Homeowner _____ Phone _____

Applicant Name _____ Phone _____

Address _____

E-Mail Address _____

☐ **Driveway/Parking Pads/Patios –** *attach a site plan*

Replace as-is: _____ Expansion: _____ Driveway Material: _____

Comments: _____

☐ **Fences –** *attach a site plan*

Height: _____ Material: _____ Location/Comments: _____

☐ **Accessory Structure 200 sqft and under (sheds) -** *attach a site plan*

Size: _____ Square Feet: _____ Height: _____ Wall height: _____

Exterior Finish: _____ Setback from properties lines: _____

Other Information: _____

☐ **Deck (Under 30", not attached) -** *attach a site plan*

Size: _____ Height: _____ Setback from properties lines: _____

SIGNATURE - THIS IS AN **APPLICATION** FOR A PERMIT. **NOT** THE ACTUAL PERMIT

THE UNDERSIGNED HEREBY AGREES TO ALL WORK IN ACCORDANCE WITH SHOREVIEW CITY CODE AND THE DECISION OF THE COMMUNITY DEVELOPMENT DEPARTMENT

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY - *Approvals:*

PLANNING: _____ DATE: _____

OTHER: _____ DATE: _____

Does/Did this project require City Council or Planning Commission authorization: _____ Yes _____ No

File Number (Attach Conditions) _____

FEES

All Zoning Permits:	$ 29.00 _____	Street Repair Escrow	$ _____
Erosion Control Escrow:	$ _____	Planning/Landscape Escrow	$ _____
Erosion Control Inspection:	$ _____	Other	$ _____
Tree Escrow	$ _____		
		TOTALS	**$** _____