

**CITY OF SHOREVIEW
BUILDING PERMIT APPLICATION**

DATE: _____

**4600 N. Victoria Street
(651-490-4600 / Fax 651-490-4696)**

PERMIT # _____

**One and two family dwelling projects complete Section A or B
Commercial projects complete Section C or D on Reverse**

GENERAL INFORMATION

Site Address: _____

Owner: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Contractor Address: _____

License Number: _____ Expiration Date: _____ Lead Cert Number _____

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 RULING OF THE INSPECTIONS DIVISION

Applicant Signature: _____ Work Phone: _____

Applicant Name (print): _____ Home Phone: _____

Email Address _____

A. ONE AND TWO FAMILY DWELLINGS (NEW CONSTRUCTION)

Lot: _____ Block: _____ Subdivision: _____

Square Footage: 1st Floor _____ 2nd Floor _____ 3rd Floor _____ 4th Floor _____

Basement Square Footage: Finished _____ Unfinished _____ Garage Square Footage _____

Valuation of Dwelling Excluding Land _____

B. ONE AND TWO FAMILY DWELLINGS (OTHER)

Addition ___ Deck ___ Basement Finish ___ Remodel ___ Repair ___ Reside ___ Pool ___

Re-Roof ___ Driveway ___ Fence ___ Shed ___ Demolition ___ Move ___ Other ___

Explain Project _____

Does Project Require Lead Remediation? Yes No **Valuation of Project** _____

If No Explain _____

C. 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

Square Footage: _____ Sprinkled: Yes___ No___ **Value of Improvement** _____

D. COMMERCIAL (OTHER)

Owner/Tenant: _____ Phone: _____

Current 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 Charge	\$ _____
Grading Certificate Escrow	\$ _____	Water Area Connection	\$ _____
Planning and Landscape Escrow	\$ _____	Water Source and Supply	\$ _____
Street Repair Escrow	\$ _____	Water Meter	\$ _____
		Sales Tax	\$ _____
		Sewer Connection Charge	\$ _____
		Sewer Area Connection	\$ _____
		TOTALS	\$ _____