

**Plumbing Permit Application
City of Shoreview
4600 North Victoria Street
Shoreview, MN 55126
(651) 490-4600 / Fax 651-490-4696**



Licensing Requirements:

All contractors must have current state license.

Parcel Address:

Owner Name: _____ Phone No: _____

Owner Address: _____ City, State, Zip _____

Contractor Name:

License #

Address: _____ Phone No: _____

City, State, Zip: _____ Contact Person: _____

(Please print)

Describe Work:

Residential

Commercial

| FIXTURES | QTY | FIXTURES | QTY | FIXTURES | QTY |
|--------------------|-----|-------------------|-----|--------------------|-----|
| Water Heaters | | Floor Drains | | Garbage Disposals | |
| Water Closets | | Laundry Trays | | Rough-In-Openings | |
| Wash Basins (Lavs) | | Hosebibs | | Drinking Fountains | |
| Showers | | Water Softeners | | Lawn Irrigation | |
| Bath Tubs | | Dishwashers | | Other | |
| Kitchen Sinks | | Automatic Washers | | | |

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.

Applicant Signature _____ Date _____

CALL FOR INSPECTIONS 651-490-4685

| | | |
|--------------|-------------------------------------|-----------------|
| FEEES | Base Permit Fee | \$ 25.00 |
| | Total Fixtures _____ x 10.00 | \$ |
| | State Surcharge | \$ 1.00 |
| | TOTAL PERMIT FEE | |