

**From:** gnelson@oronomn.gov  
**Sent:** 12/04/2023 - 08:52 AM  
**To:** theresa@springplumbing.net  
**CC:** gnelson@oronomn.gov  
**Subject:** Inspection Report Individual

---



**CITY OF ORONO**  
**2750 KELLEY PARKWAY**  
**ORONO, MN 55356**  
**PH: (952) 249-4600**  
**FAX: (952) 249-4616**

---

## **Inspection Report**

**1385 Fox Street**

---

Permit Number: P23-000156  
Site Address: 1385 Fox Street, Orono, MN 55391  
Property Owner: JAMIE A SHAVER  
Description: (2) Bathrooms and kitchen remodel

---

Inspection Date: 12/04/2023  
Inspection Type: Plumbing - Final  
Inspection Results: **Permit Finaled**

Sincerely,



Gary Nelson  
952-242-4442

***To schedule your inspections please call: (952) 249-4600***

**CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!**