



PERMIT # _____

BUILDING APPLICATION

Submit Applications to: Permits@rumrivercc.com Scheduling: 763-331-7722

THIS APPLICATION BECOMES A NUMBERED PERMIT AFTER THE REVIEW IS COMPLETE AND PAYMENT OF FEES.

WORK IS NOT TO BEGIN PRIOR TO ISSUANCE. ~ ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.

SITE ADDRESS _____ PROPERTY ID # _____

PROPERTY OWNER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

APPLICANT IS: **CONTRACTOR** **OWNER** ~ **PROPERTY TYPE:** **COMMERCIAL** **RESIDENTIAL**

CONTRACTOR COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

CONTRACTOR STATE LICENSE # _____ VERIFIED BY OFFICE STAFF _____

APPLICANT CONTACT NAME: _____ PHONE #: _____

ACCESSORY BUILDING ADDITION ALTERATION/REMODEL
BASEMENT FINISH DECK NEW CONSTRUCTION OTHER

VALUATION (LABOR & MATERIALS) \$ _____

PROJECT DESCRIPTION

The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.

I AM SUBMITTING ALL REQUIRED SUPPLEMENTAL SHEETS AND SUPPORTING DOCUMENTS

APPLICANT SIGNATURE _____

PRINTED NAME _____ DATE _____

OFFICE USE ONLY

DATE ALL REQUIRED INFORMATION WAS RECEIVED: _____

APPROVALS:

BUILDING _____	DATE _____	PERMIT FEE \$ _____
ZONING _____	DATE _____	PLAN REVIEW FEE \$ _____
ENGINEERING _____	DATE _____	ZONING FEE \$ _____
FIRE _____	DATE _____	SAC \$ _____
		WAC \$ _____
		SURCHARGE FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____		TOTAL FEE \$ _____
CASH _____ CK# _____ LAST 4 CC# _____		
RECEIPT #: _____ DATE _____		