



PERMIT #

## **PLUMBING 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 NA	ME				
				STATE	ZIP
PHONE #		EMAIL			
APPLICANT IS:	CONTRACTOR	OWNER	~ PROPERTY TYPE	: COMMERCIAL	RESIDENTIAL
CONTRACTOR COMPAN	IY NAME				
ADDRESS			CITY	STATE	ZIP
PHONE #		_ EMAIL			
PLUMBING CONTRACTOR PC#				VERIFIED BY OFFICE STAF	F
APPLICANT CONTACT N	AME			PHONE #	
ADDITION			BASEMENT FINISH		
	the above information is o	correct and accept	s responsibility for compliance	with all applicable laws and ordinances	s of the ruling jurisdiction.
PRINTED NAME				DATE	
		*OI	FICE USE ONLY*		
APPROVAL:			MATION WAS RECEIVE ROJECTS REQUIRE PLA		
BUILDING			DATE	_ PLUMBING PERMIT FEE	\$
PAYMENT INFO:				PLAN REVIEW FEE	
PAYMENT RECEIVED E	BY			SURCHARGE FEE	\$
CASH CK#		LAST 4 CC#		TOTAL FEE \$	