



PERMIT # _____

SIDING PERMIT APPLICATION

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

NOTICE: 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 _____

APPLICANT CONTACT NAME: _____ PHONE #: _____

CONTRACTOR STATE LICENSE # _____ VERIFIED BY OFFICE STAFF _____

VALUATION \$ _____

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.

APPLICANT SIGNATURE _____

PRINTED NAME _____ DATE _____

OFFICE USE ONLY

DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: _____

APPROVAL:

BUILDING _____ DATE _____

PERMIT FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____

PLAN REVIEW FEE \$ _____

CASH _____ CK# _____

SURCHARGE FEE \$ _____

RECEIPT #: _____ DATE _____

TOTAL FEE \$ _____