



City of

CIRCLE PINES

Siding Application



Permit # _____

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: Contractor OR Owner ~ Is this rental property? Yes No ~ Commercial Residential

Contractor Company Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Contractor State License # _____ Verified by office staff _____

Contact Name _____ Phone #: _____

House w/attached Garage House Detached Garage Other-Describe _____

Valuation (Labor & Materials) \$ _____

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:

Plan Review Fee \$ _____

Payment received by _____

Surcharge Fee \$ _____

Cash _____ Ck # _____ Last 4 CC # _____

Receipt #: _____ Date _____

Total Fee \$ _____