



City of BRAHAM

"Building A Better Tomorrow"

PERMIT # \_\_\_\_\_

# SIDING PERMIT APPLICATION

**Submit Applications to:** [Permits@rumrivercc.com](mailto: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: \_\_\_\_\_

**COMMERCIAL SIDING PROJECTS ARE VALUE-BASED**

**RESIDENTIAL SIDING PROJECTS ARE \$125.00 + \$1.00 SURCHARGE**

**APPROVAL:**

BUILDING \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_

**PAYMENT INFO:**

PLAN REVIEW FEE \$ \_\_\_\_\_

PAYMENT RECEIVED BY \_\_\_\_\_

SURCHARGE FEE \$ \_\_\_\_\_

CASH \_\_\_\_\_ CK# \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**

RECEIPT #: \_\_\_\_\_ DATE \_\_\_\_\_