



PERMIT # _____

HVAC 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 MECHANICAL BOND # _____ VERIFIED BY OFFICE STAFF _____

APPLICANT CONTACT NAME _____ PHONE # _____

ADDITION ALTERATION/REMODEL BASEMENT FINISH NEW CONSTRUCTION OTHER

VALUATION (LABOR & MATERIALS) \$ _____

FIXTURE REPLACEMENT NEW INSTALLATION

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 _____ HVAC PERMIT FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____ SURCHARGE FEE \$ _____

CASH _____ CK# _____

RECEIPT #: _____ DATE _____

TOTAL FEE \$ _____