



Building 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 #: _____

	Accessory Building	Addition	Alteration/Remodel
Basement Finish	Deck	New Construction	Other

Valuation (Labor & Materials) \$ _____

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 _____
I am submitting all required supplemental sheets and supporting documents:

Printed Name _____ Date _____

Office Use Only

Date **all** required information was received: _____

Approvals:

Building _____ Date _____

Zoning _____ Date _____

Engineering _____ Date _____

Fire _____ Date _____

Permit Fee \$ _____

Plan Review Fee \$ _____

Zoning Fee \$ _____

SAC Fee \$ _____

WAC Fee \$ _____

Surcharge Fee \$ _____

Total Fee \$ _____

Payment Info:

Payment received by _____

Cash _____ Ck # _____ Last 4 CC# _____

Receipt #: _____ Date _____