



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

## SAME-SIZE WINDOW / EXTERIOR DOOR PERMIT APPLICATION

\*IF OPENING SIZE IS BEING CHANGED, PLEASE USE THE BUILDING 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.

**I AM SUBMITTING THE APPLICATION AND THE SUPPLEMENTAL SHEET**

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 \$ \_\_\_\_\_

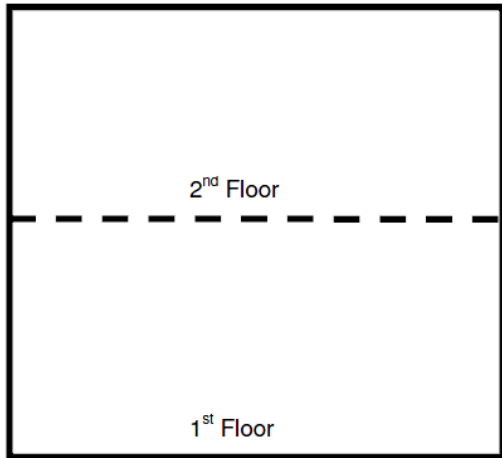
# WINDOW SUPPLEMENTAL SHEET – LOCATION OF REPLACEMENT WINDOWS

Site Address \_\_\_\_\_

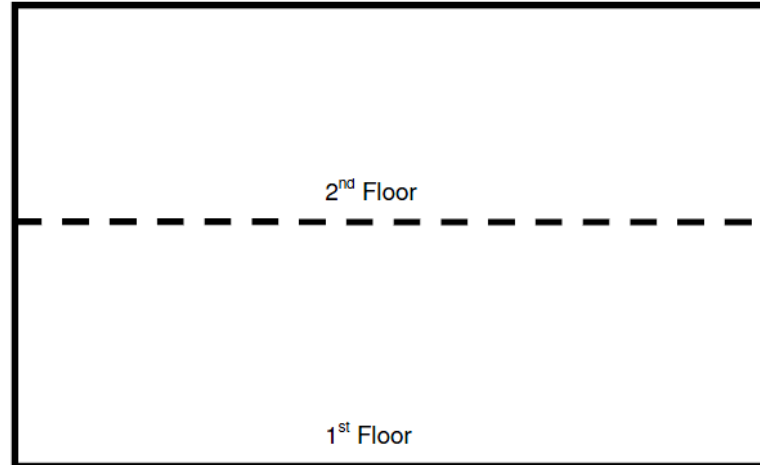
**RETURN THIS PAGE WITH THE APPLICATION**

Date \_\_\_\_\_

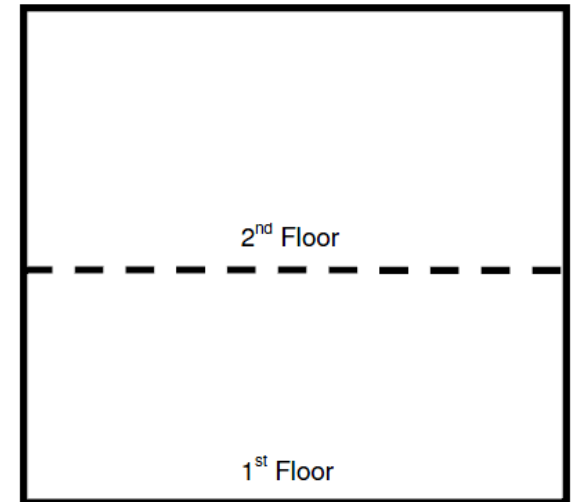
**LEFT (AS SEEN FROM STREET)**



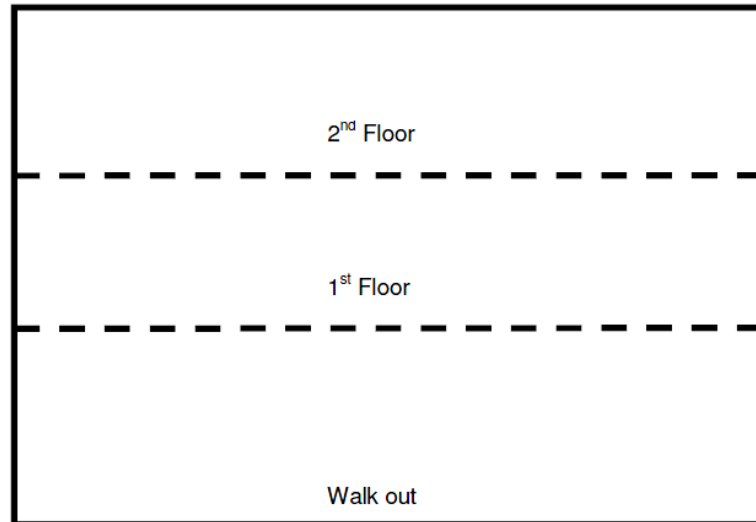
**FRONT**



**RIGHT (AS SEEN FROM STREET)**



**REAR**



Number of windows replaced \_\_\_\_\_

(Mark approximate location)

\*Label windows installed in a sleeping room

Specify operating style of existing window:

\_\_\_\_\_

Specify operating style of replacement window:

\_\_\_\_\_

**NOTE: If you are replacing bedroom windows that are a different style than the original, the new windows must meet egress requirements.**