



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: Contractor **Or** Owner ~ Is this Rental Property? Yes No ~ 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 \_\_\_\_\_

**I am submitting the application and the Supplemental Sheet**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### **\*Office Use Only\***

Date **all** required information was received: \_\_\_\_\_

**Commercial Window/Door replacements are value-based & require plan review.**

**Residential same-size Window/Door replacements are \$125.00 + \$1.00 Surcharge**

#### **Approval:**

Building \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

#### **Payment Info:**

Payment Received by \_\_\_\_\_

Plan Review Fee \$ \_\_\_\_\_

Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Last 4 CC # \_\_\_\_\_

Surcharge Fee \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_ Date \_\_\_\_\_

**Total Fee \$ \_\_\_\_\_**

# WINDOW SUPPLEMENT SHEET

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Describe operating style of existing window: \_\_\_\_\_

\_\_\_\_\_

Describe operating style of replacement window: \_\_\_\_\_

\_\_\_\_\_

Specify number of windows being replaced and location of each:

For example: (3) Living room – (2) Upper level bedroom, (1) Main floor bathroom

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **\*\*NOTE\*\***

Existing egress windows may be replaced with the largest size window that fits in the existing rough opening with a window operating style that provides equal or greater window opening area than the existing window.



Double Hung



Casement / Crank Out



Slider

