



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

CASH \_\_\_\_\_ CK# \_\_\_\_\_ SURCHARGE FEE \$ \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ DATE \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_