



# Siding Application

Permit # \_\_\_\_\_

Submit Applications to: [Permits@rumrivercc.com](mailto: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 #: \_\_\_\_\_

House w/attached Garage House Detached Garage Other-Describe \_\_\_\_\_

Valuation (Labor & Materials) \$ \_\_\_\_\_

*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 \_\_\_\_\_

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

#### **Payment Info:**

Payment received by \_\_\_\_\_

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

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

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

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

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