



SIDING PERMIT APPLICATION

Submit Applications to: 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.

APPLICANT SIGNATURE _____

PRINTED NAME _____ DATE _____

OFFICE USE ONLY

DATE ALL REQUIRED INFORMATION WAS RECEIVED: _____

COMMERCIAL SIDING PROJECTS ARE VALUE-BASED
RESIDENTIAL SIDING PROJECTS ARE \$125.00 + \$1.00 SURCHARGE

APPROVAL: BUILDING _____ DATE _____ PERMIT FEE \$ _____

PAYMENT INFO: PLAN REVIEW FEE \$ _____

PAYMENT RECEIVED BY _____ SURCHARGE FEE \$ _____

CASH _____ CK# _____ TOTAL FEE \$ _____

RECEIPT #: _____ DATE _____