



## Plumbing Permit 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. Property ID # Site Address Property Owner Name Address \_\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_\_ Email \_\_\_\_\_\_ Contractor **OR** Owner **~** Is this a rental? Yes No ~ Commercial Residential Applicant Contractor Company Name 
 Address
 City
 State
 Zip
Phone #\_\_\_\_\_ Email \_\_\_\_\_ Plumbing Contractor PC# \_\_\_\_\_ Verified by office staff \_\_\_\_\_ Phone # \_\_\_\_\_ Applicant Contact Name New Construction Other Addition Alteration / Remodel **Basement Finish** 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: Commercial projects require plan review **Approval:** \_\_\_\_\_Date \_\_\_\_\_ Plumbing Permit Fee \$ \_\_\_\_\_ Building Plan Review Fee \$\_\_\_\_\_ Payment Info:

Surcharge Fee	\$ 

Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Last 4 CC # \_\_\_\_\_ Total Fee \$

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

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