Roof 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: ◯ **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 #:** _____

Material/Type of Roofing _____

☐ House w/attached Garage ☐ House ☐ Detached Garage ☐ Other- Describe _____

Valuation (Labor & Materials) $_____ # of Structures _____

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 roofs are value based & require plan review.

Residential roofs are $79.00 **per structure** + $1.00 Surcharge.

Approval:

Building _____ Date _____

Payment Info:

Payment received by _____

Cash _____ Ck # _____ Last 4 CC# _____

Receipt # _____ Date _____

Permit Fee $ _____

Plan Review Fee $ _____

Surcharge Fee $ _____

Total Fee $ _____