



## **Siding 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. <u>All</u> information is required and <u>must</u> be completed.

Site Address				Property ID #			
Property Owner Name							
Address		City			State	_ Zip	
Phone #	Email						
Applicant: Contractor <u>OR</u> Ov	wner ~ Is thi	s rental property?	Yes	No ~	Commercia	l 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			
<b>Valuation (</b> The undersigned acknowledges the above informa		als) \$				<sup>f</sup> the ruling jurisdiction.	
Applicant Signate	ure						
Printed Name				Date			
Date <u>all</u> r Commercial siding projects are value	equired inform	<b>Office Use Only</b> ation was received: _ e plan review. Resid			e \$125.00 + \$	1.00 Surcharge	
Approval:				Da	rmit Foo ć		
Building		Date		- Pe	rinit ree \$		
Payment Info:				Plan Re	eview Fee \$_		
Payment received by				- Surch	narge Fee \$_		
Cash Ck #				-			
Receipt #:	C	Jate		Total	Fee Ş		

Accuracy-Efficiency-Uniformity