



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

Site Address		Property ID # _		
Property Owner Name				
Address				
Phone # Emai	il			
Applicant: Contractor OR Owner ~ Is	s this rental property?	Yes No ~	Commercial	Residential
Contractor Company Name				
Address				
Phone # Em				
Contractor State License #			office staff	
		Db #-		
Contact Name Material/Type of Roofing				
House w/attached Garage House				
The undersigned acknowledges the above information is correct a Applicant Signature	, , , , , , ,		ŕ	ing jurisdiction.
Printed Name		Date		
	*Office Use Only	/ *		
Date <u>all</u> required i	nformation was received			
Approval:				
Building	Date	Pe	ermit Fee \$	
Payment Info:		Dlan D	eview Fee \$	
Payment received by			eview ree \$	
Cash Ck #			harge Fee \$	
Receipt #:	Date	 	Fee \$	