



City of

# CIRCLE PINES

## Siding Application



Permit # \_\_\_\_\_

**Submit Applications to: [Permits@rumrivercc.com](mailto: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 #: \_\_\_\_\_

House w/attached Garage House Detached Garage Other-Describe \_\_\_\_\_

Valuation (Labor & Materials) \$ \_\_\_\_\_

*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: \_\_\_\_\_

#### **Approval:**

Building \_\_\_\_\_ Date \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

#### **Payment Info:**

Plan Review Fee \$ \_\_\_\_\_

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

Surcharge Fee \$ \_\_\_\_\_

Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Last 4 CC # \_\_\_\_\_

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

**Total Fee \$** \_\_\_\_\_