



## **Building 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 F					Property ID #		
Property Owner Name							
Address			City			_ State	Zip
Phone #	Eı	mail					
Applicant: Contractor OR							
Contractor Company Name							
Address							Zip
Phone #		Email					
Contractor State License #				Verified by office staff			
Contact Name: _					Phone #:		
_		Accessory Building			Alteration/Remodel		
Rasa	ment Finish	Deck		Constructio	_	Other	
Project Description The undersigned acknowledges the abo	ove information is corre	ect and accepts res	ponsibility for co	mpliance with	all applicable lav		s of the ruling jurisdiction.
Applicant Signature						require	im submitting all ed supplemental s and supporting documents:
Printed Name Date					<b>:</b>		
			e Use On				
	Date <b>all</b> requir						
Approvals:	Date <u>an</u> requir	ca illiorillatio	ii was receiv	cu			
Building			Date		_	Permit Fee \$	<b>5</b>
Zoning						Review Fee \$	·
Engineering						Culvert \$	<b></b>
Fire			Date			Mailbox \$	<b>.</b>
Payment Info:		_				34110	<b>.</b>
Payment received by					_		S
Cash Ck # Last 4 CC#					- C		
Receipt #:		Da	ite		_		S
					Tota	I Fee \$	