



PERMIT #	

Zoning Permit Application

Submit Applications to: <u>Permits@rumrivercc.com</u> 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.

______ Property ID #_____ Site Address Property Owner Name _____ Phone # Email Applicant: Contractor **OR** Owner **~** Is this Rental Property? Yes No **~ Commercial** Contractor Company Name _____ Phone #______ Email _____ Applicant Name ______ Phone # _____ **Accessory Building** 200 sf or less **Fences** 7 ft high or less **Retaining Wall** 4 ft high or less Driveways, Sidewalks, Concrete/Asphalt Pads or other Impervious Surface Material that are not part of an accessible route Decks & Platforms not more than 30 inches above grade, not attached to a structure with frost footings and not part of an accessible route Pool/Spa - Prefabricated Swimming Pools installed entirely above ground Project Description: Be sure to: 1. Complete and submit Page 2 of this application. 2. Before you dig, Call for utility locations ~ Gopher One ~ 651-454-0002 / 1-800-252-1166 *Office Use Only* Date **all** required information was received: Zoning Approval _____ Date____ **Payment Info:** Payment received by: _____ Total Permit Fee \$ Cash ____ Ck # _____ Last 4 CC # _____

Receipt #: ______ Date _____

Provide an aerial sketch o		oposed structures and their distance to hotos or examples of the finished app	o the property lines. Indicate height, width earance.
JV	Site Address		
The undersigned acknowledges	the above information is correct and accep	ots responsibility for compliance with all app	licable laws and ordinances of the ruling jurisdiction
Applicant Signature			Date
Zoning Use Only:			
	Surface Material	Setbacks	Impervious Surface
Other Notes:			
Zoning Approva	al		Date