



# Plumbing Permit 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 a rental? Yes No ~ Commercial Residential

Contractor Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Contractor Mechanical Bond # \_\_\_\_\_ Verified by office staff \_\_\_\_\_

Applicant Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Addition Alteration / Remodel Basement Finish New Construction Other

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

Fixture Replacement New Installation

Project Description \_\_\_\_\_

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

**Commercial projects require plan review**

#### Approval:

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

Payment Info: Plan Review Fee \$ \_\_\_\_\_

Payment received by \_\_\_\_\_ Surcharge Fee \$ \_\_\_\_\_

Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Last 4 CC # \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

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