



PERMIT # _____

BUILDING APPLICATION

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. ~ ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.

SITE ADDRESS _____ PROPERTY ID # _____

PROPERTY OWNER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

APPLICANT IS: CONTRACTOR OWNER ~ PROPERTY TYPE: COMMERCIAL RESIDENTIAL

CONTRACTOR COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

CONTRACTOR STATE LICENSE # _____ VERIFIED BY OFFICE STAFF _____

APPLICANT CONTACT NAME: _____ PHONE #: _____

ACCESSORY BUILDING ADDITION ALTERATION/REMODEL
BASEMENT FINISH DECK NEW CONSTRUCTION OTHER

VALUATION (LABOR & MATERIALS) \$ _____

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

TYPE OF CONSTRUCTION _____
OCCUPANCY CLASSIFICATION _____

DATE ALL REQUIRED INFORMATION WAS RECEIVED: _____

APPROVALS:

COMMERCIAL PROJECTS REQUIRE PLAN REVIEW

BUILDING _____ DATE _____
ZONING _____ DATE _____
ENGINEERING _____ DATE _____
FIRE _____ DATE _____

PERMIT FEE \$ _____
PLAN REVIEW FEE \$ _____
ZONING FEE \$ _____
SAC FEE \$ _____
WAC FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____
CASH _____ CK# _____ LAST 4 CC# _____
RECEIPT #: _____ DATE _____

SURCHARGE FEE \$ _____
CONTRACTOR FEE \$ _____

TOTAL FEE \$ _____