Rum River Construction Consultants

Bringing in-depth code analysis to today's built environment

Pine City

North. Nice and close.

PERMIT # _____

HVAC 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 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

TYPE OF CONSTRUCTION _____

OCCUPANCY CLASSIFICATION _____

DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: _____

COMMERCIAL PROJECTS REQUIRE PLAN REVIEW

APPROVALS:

BUILDING_____**DATE** _____

HVAC PERMIT FEE $ _____

PLAN REVIEW FEE $ _____

SURCHARGE FEE $ _____

CONTRACTOR FEE $ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____

CASH _____ CK# _____ LAST 4 CC# _____

RECEIPT #: _____ DATE _____

TOTAL FEE $ _____