



PERMIT # _____

PLUMBING 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 _____

PLUMBING CONTRACTOR PC# _____ 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 _____

DATE ALL REQUIRED INFORMATION WAS RECEIVED: _____

OCCUPANCY CLASSIFICATION _____

COMMERCIAL PROJECTS REQUIRE PLAN REVIEW

APPROVALS:

BUILDING _____ DATE _____

PLUMBING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

SURCHARGE FEE \$ _____

CONTRACTOR FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____

CASH _____ CK# _____ LAST 4 CC# _____

TOTAL FEE \$ _____

RECEIPT #: _____ DATE _____