



PERMIT # \_\_\_\_\_

# ROOF PERMIT APPLICATION

**Submit Applications to: [Permits@rumrivercc.com](mailto:Permits@rumrivercc.com)** Scheduling: 763-331-7722

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

APPLICANT CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONTRACTOR STATE LICENSE # \_\_\_\_\_ VERIFIED BY OFFICE STAFF \_\_\_\_\_

VALUATION \$ \_\_\_\_\_

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**

**APPROVAL:**

BUILDING \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

**PAYMENT INFO:**

PLAN REVIEW FEE \$ \_\_\_\_\_

PAYMENT RECEIVED BY \_\_\_\_\_

SURCHARGE FEE \$ \_\_\_\_\_

CASH \_\_\_\_\_ CK# \_\_\_\_\_ LAST 4 CC# \_\_\_\_\_

CONTRACTOR FEE \$ \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ DATE \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**