



PERMIT # _____

SEWER/WATER PERMIT APPLICATION

Submit Applications to: 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.**

APPLICANT IS THE: **CONTRACTOR** **OWNER** ~ **PROPERTY TYPE:** **COMMERCIAL** **RESIDENTIAL**

SITE ADDRESS _____ PARCEL ID # _____

PROPERTY OWNER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

CONTRACTOR NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

CONTRACTOR PLUMBING BOND # _____ EXPIRATION DATE _____ VERIFIED BY OFFICE STAFF _____

APPLICANT CONTACT NAME _____ PHONE # _____

SEWER & WATER CONNECTION OR LINE REPAIR

SEWER ONLY CONNECTION OR LINE REPAIR

WATER ONLY CONNECTION OR LINE REPAIR

DESCRIPTION & MATERIALS USED _____

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: _____

APPROVAL:

PUBLIC WORKS _____ DATE _____ PERMIT FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____ SURCHARGE FEE \$ _____

CASH _____ CK# _____ LAST 4 #s OF CREDIT CARD # _____ CONTRACTOR FEE \$ _____

RECEIPT # _____ DATE _____ TOTAL FEE \$ _____