

AGRICULTURAL PERMIT 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 ~ NAME** _____ **PH#** _____

CONTRACTOR COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

PROVIDE AERIAL SKETCH OF PROPERTY WITH PROPOSED STRUCTURE/S, SHOW DISTANCE BETWEEN PROPERTY LINES AND ALL STRUCTURES

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APPLICANT SIGNATURE _____ DATE _____

The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.

OFFICE USE ONLY DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: _____

ZONING APPROVAL _____ DATE _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____

CASH _____ CK# _____

TOTAL PERMIT FEE \$ _____

RECEIPT #: _____ DATE _____