



PERMIT # _____

ROOF 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.**

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:

PAYMENT RECEIVED BY _____ PLAN REVIEW FEE \$ _____

CASH _____ CK# _____ SURCHARGE FEE \$ _____

RECEIPT #: _____ DATE _____ CONTRACTOR FEE \$ _____

TOTAL FEE \$ _____