

WINDOW & EXTERIOR DOOR 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 \$ _____

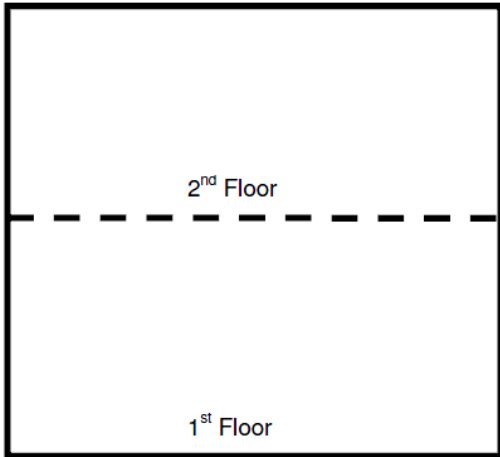
TOTAL FEE \$ _____

WINDOW SUPPLEMENTAL SHEET – LOCATION OF REPLACEMENT WINDOWS

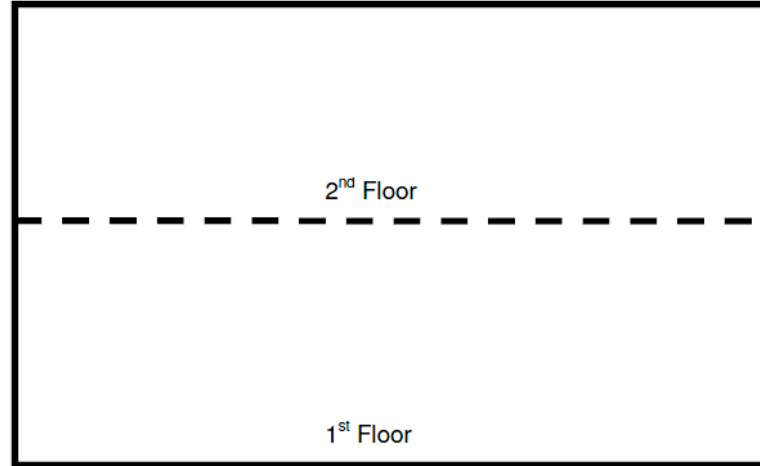
Site Address _____

Date _____

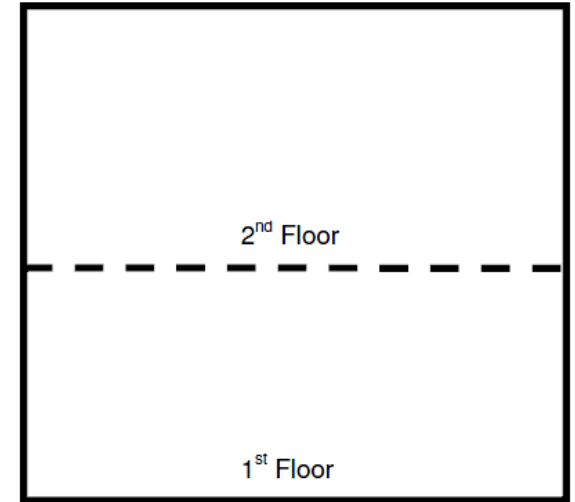
LEFT (AS SEEN FROM STREET)



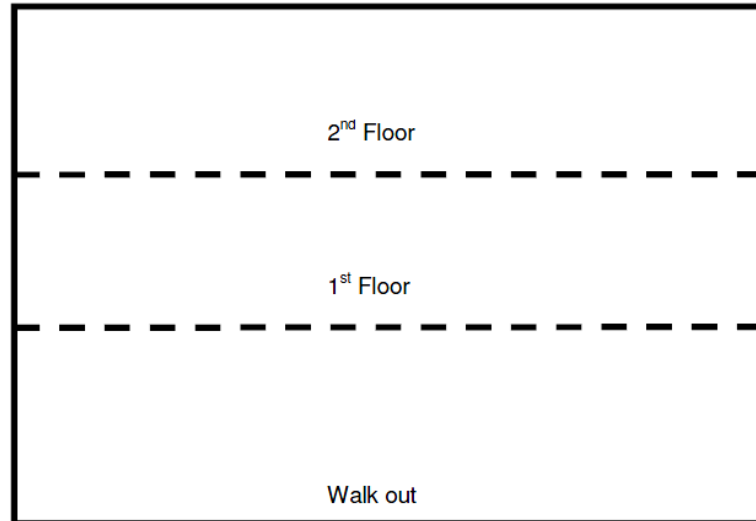
FRONT



RIGHT (AS SEEN FROM STREET)



REAR



Number of windows replaced _____

(Mark approximate location)

*Label windows installed in a sleeping room

Specify operating style of existing window:

Specify operating style of replacement window:

NOTE: If you are replacing bedroom windows that are a different style than the original, the new windows must meet egress requirements.