



PERMIT # _____

ATHENS TOWNSHIP ~ POST FRAME ACCESSORY PERMIT APPLICATION

Submit Applications to: Permits@rumrivercc.com
General Questions ~ Andy: Andy@rumrivercc.com or 763-291-3704

NOTICE: THIS APPLICATION BECOMES A NUMBERED PERMIT AFTER THE REVIEW IS COMPLETE AND PAYMENT OF FEES. WORK IS NOT TO BEGIN PRIOR TO ISSUANCE.

APPLICANT IS THE: OWNER CONTRACTOR

SITE ADDRESS: _____ PARCEL ID #: _____

PROPERTY OWNER NAME _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE # _____ EMAIL _____

CONTRACTOR NAME _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE # _____ EMAIL _____

CONTRACTOR STATE LICENSE #: _____ VERIFIED BY OFFICE STAFF: _____

APPLICANT CONTACT NAME: _____ PHONE #: _____

VALUATION (LABOR & MATERIALS): \$ _____

PROJECT DESCRIPTION: _____

The undersigned acknowledges to have read this application and the above information is correct. Applicant also understands by signing this application that he/she could be held responsible for any violation of compliance with all applicable laws and ordinances of the ruling jurisdiction.

APPLICANT SIGNATURE _____ PRINTED NAME _____

DATE _____ ***I AM SUBMITTING THE APPLICATION, BUILDING PLANS & SITE PLAN**

OFFICE USE ONLY*

DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: _____

PERMIT FEE \$ _____

APPROVALS:

ZONING FEE \$ _____

ZONING _____ DATE _____

PLAN REVIEW FEE \$ _____

BUILDING _____ DATE _____

STATE SURCHARGE \$ _____

PAYMENT INFO:

TOTAL FEES \$ _____

PAYMENT RECEIVED BY _____

CASH _____ CK# _____

RECEIPT #: _____ DATE _____