



PERMIT # _____

ATHENS TOWNSHIP ~ WINDOW & EXTERIOR DOOR 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): \$ _____

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 _____

OFFICE USE ONLY

DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: _____ PERMIT FEE \$ _____

APPROVALS:
BUILDING _____ DATE _____ SURCHARGE FEE \$ _____

PAYMENT INFO:
PAYMENT RECEIVED BY _____ TOTAL FEES \$ _____
CASH _____ CK# _____

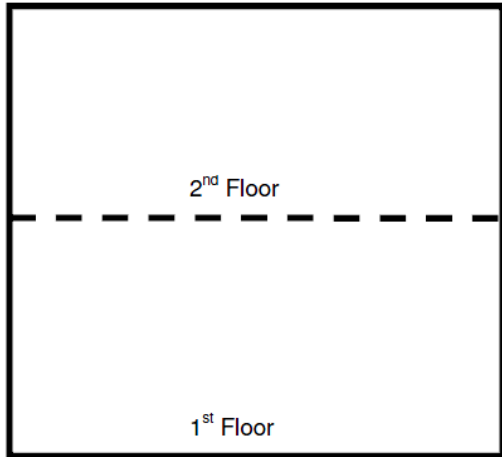
RECEIPT #: _____ DATE _____

WINDOW SUPPLEMENTAL SHEET – LOCATION OF REPLACEMENT WINDOWS

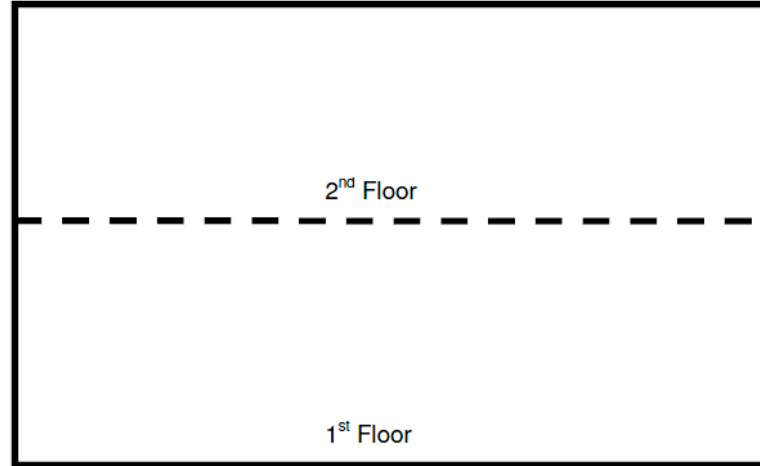
Address: _____

Date: _____

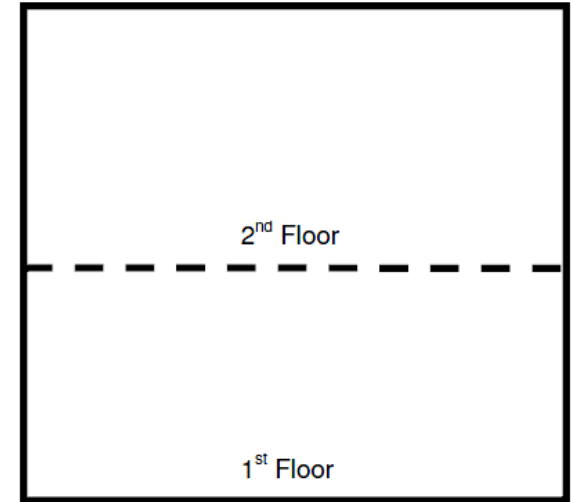
LEFT (AS SEEN FROM STREET)



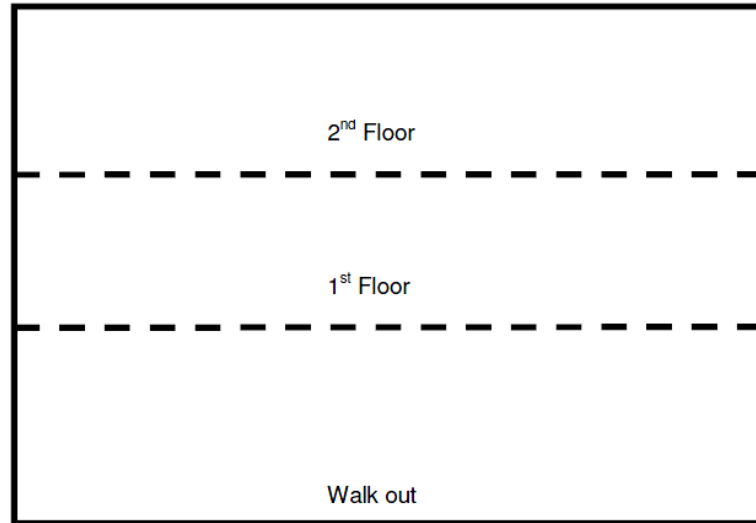
FRONT



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.