

City of Coon Rapids Building Permit Application

OFFICE USE ONLY

Job Site Address: _____ Permit # _____

Project Valuation: \$ _____ The Applicant is: _____ Owner and Occupant _____ Contractor
(must include material and labor costs)

Property Owner

Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Contractor

Name: _____ Contact Person: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Contractor License#: _____ Lead Cert #NAT _____

Residential

- Mobile Home Single Family
 Townhome Two-Family

<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Siding
<input type="checkbox"/> Demolish	<input type="checkbox"/> Basement	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Move	<input type="checkbox"/> Finish	<input type="checkbox"/> Windows:
<input type="checkbox"/> Repair	<input type="checkbox"/> Deck/Porch	Number: _____
<input type="checkbox"/> Replace	<input type="checkbox"/> Driveway	Type: _____
<input type="checkbox"/> Remodel	<input type="checkbox"/> Garage/Shed	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Fire Damage	
	<input type="checkbox"/> Roof	

(Area to be Remodeled)

Commercial

- Commercial Hotel/Motel Multi-Family
 Hospital/Medical Industrial Public Building

<input type="checkbox"/> New	<input type="checkbox"/> Addition
<input type="checkbox"/> Demolish	<input type="checkbox"/> Fire Damage
<input type="checkbox"/> Repair	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Replace	<input type="checkbox"/> Roof
<input type="checkbox"/> Remodel	<input type="checkbox"/> Siding
	Windows: Number _____ Type _____
	Other: _____

(Area to be Remodeled)

Description of Work: _____

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and Inspections made by the City are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Coon Rapids.

Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Coon Rapids Inspections Division at 763 767-6476 to schedule an inspection.

Applicant's Printed Name _____

Applicant's Signature _____

Date _____

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BUILDING INFORMATION

____ Number of Stories ____ Number of Buildings Total Sq. Ft. _____ Height _____ Length _____ Width _____
____ Property Zoning ____ Occupancy Group ____ Type of Construction Fire Sprinklers Yes ____ No ____

REQUIRED INSPECTIONS

<input type="checkbox"/> Consultation	<input type="checkbox"/> Foundation/Waterproof	<input type="checkbox"/> Ice & Water Barrier	<input type="checkbox"/> Site	<input type="checkbox"/> Smoke/C.O. Alarms
<input type="checkbox"/> Final	<input type="checkbox"/> Framing	<input type="checkbox"/> Insulation/VB	<input type="checkbox"/> Sheathing	<input type="checkbox"/> Under slab
<input type="checkbox"/> Footing	<input type="checkbox"/> Gypsum Wallboard	<input type="checkbox"/> Pan Flashing		
<input type="checkbox"/> Forms for Concrete	<input type="checkbox"/> House Wrap	<input type="checkbox"/> Poured Wall	Other _____	