

City of Coon Rapids Building Permit Application

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: _____ Unit #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contractor

Name: _____ Contact Person: _____

Address: _____

Phone: _____ Cell: _____ Contractor License#: _____

Email: _____

Property Use
<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> 2-Family Dwelling
<input type="checkbox"/> Multi-Family Dwelling
<input type="checkbox"/> Townhouse
<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial
<input type="checkbox"/> Hospital/Medical
<input type="checkbox"/> Public Building
<input type="checkbox"/> Hotel/Motel

Type of Work
<input type="checkbox"/> Basement Finish
<input type="checkbox"/> Deck
<input type="checkbox"/> Garage
<input type="checkbox"/> Porch
<input type="checkbox"/> Reroof
<input type="checkbox"/> Reside
*Siding Material _____
<input type="checkbox"/> Windows
*Number & Type _____
<input type="checkbox"/> Miscellaneous

Permit Type	
New Building	Existing Building
<input type="checkbox"/> Addition	<input type="checkbox"/> Move Building
<input type="checkbox"/> Remodel	<input type="checkbox"/> Demolish
<input type="checkbox"/> Repair	<input type="checkbox"/> Driveway
<input type="checkbox"/> Replace	<input type="checkbox"/> Curb/Street Cut
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Fire Damage Repair	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Parking Lot	

Specific Description of Work to be Completed

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 Signature _____

Date _____

Conditions of Issuance

Miscellaneous Information

Number of Units _____
Number of Buildings _____
Fire Sprinklers Yes _____ No _____
Property Zoning _____
Occupancy Group _____
Type of Construction _____

Building Information

Number of Stories _____
Total Square Footage _____
Height _____
Length _____
Width _____

Required Inspections

Consultation
 Eave Flashing
 Final
 Footing
 Forms for Concrete
 Foundation/Waterproof
 Framing
 Gypsum Wallboard
 House Wrap
 Insulation/VB
 Pan Flashing
 Site
 Sheathing
 Smoke/C.O. Alarms
 Other _____

Comments

