

City of Coon Rapids
Sewer and Water Permit Application

Job Site Address: _____ PERMIT # _____

Project valuation: \$ _____
(Must include material and Labor costs for storm sewer)

The Applicant is: Owner Contractor

Property Owner

Name _____ Contact Person _____

Address _____

Phone _____ City _____ State _____ Zip _____
Cell Phone _____

Contractor

Name _____ Contact Person _____

Address _____

Phone _____ City _____ State _____ Zip _____
Cell Phone _____

Permit Type

- Residential Commercial
 Other (specify) _____

Type of Work

- New
 Repair
 Disconnect/Terminate
 Reinspection Fee

Material Information

Water Pipe: Size _____ Material _____

Sewer Pipe: Size _____ Material _____

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 _____

Sewer and Water Permit Fees

<input type="checkbox"/> Sewer Connection	_____	@ \$100.00 =	_____
<input type="checkbox"/> Water Connection	_____	@ \$100.00 =	_____
<input type="checkbox"/> Sewer Tap	_____	@ \$100.00 =	_____
<input type="checkbox"/> Water Tap	_____	@ \$100.00 =	_____
<input type="checkbox"/> Storm Sewer Connection	_____	(call for amount)	_____
<input type="checkbox"/> Sewer and Water Repair	_____	@ \$100.00 =	_____
<input type="checkbox"/> On Site Sewer	_____	@ \$250.00 =	_____
<input type="checkbox"/> Reinspection Fee	_____	@ \$100.00 =	_____
Total		\$	_____
State Surcharge			.50
TOTAL PERMIT		\$	_____

**When applicable, a plan review charge equal to 35 percent of the permit fee will be added.*

Required Inspections

- Final- Water Line
- Final- Sewer Connection
- Hydrostatic test- Begin
- Hydrostatic test- End
- Repair- Sewer
- Repair- Water Line
- Consultation
- Rough-in/Air Test
- Catch Basin
- Correction

Comments



City of Coon Rapids Building Inspections Division
1155 Robinson Dr. Coon Rapids MN, 55433
(763)767-6476 • Fax (763)767-6573



CREDIT CARD AUTHORIZATION FORM

Please use this form to authorize payment by credit card for permits from the City of Coon Rapids' Inspection Division.

Send or fax this form to:

City of Coon Rapids, Inspection Division
11155 Robinson Drive
Coon Rapids, MN 55433
Fax: (763)-767-6573

For permits indicated on the attached forms, please charge our (choose from the following):

Visa _____ Mastercard _____

Account Number _____ - _____ - _____ - _____

Expiration Date (Month/Year) ____/____

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Card Holder's

Signature _____ Date _____