

City of Coon Rapids Mechanical 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: _____

Email Address: _____

Contractor

Name: _____ Contact Person: _____

Address: _____
Number and Street Name City State Zip

Phone: _____ Cell: _____ Contractor License#: _____

Email _____ Fax _____

<u>Permit Type</u>	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Other (specify) _____	

<u>Type of Work</u>	
<input type="checkbox"/> New	<input type="checkbox"/> Other _____
<input type="checkbox"/> Replace	<input type="checkbox"/> Remodel

Mechanical Items

Please Indicate Number of Each Item:

____ Air Conditioner	Mfg _____	Model # _____
____ Bath Fan	Mfg _____	Model # _____
____ Chimney/Flue		
____ Ductwork/ Ventilation		
____ Fireplace- Gas	Mfg _____	Model # _____
____ Fireplace- Gas Insert	Mfg _____	Model # _____
____ Furnace	Mfg _____	Model # _____
____ Gas Piping Openings		
____ HRV	Mfg _____	Model # _____
____ Refrigeration	Mfg _____	Model # _____
____ Rooftop Unit	Mfg _____	Model # _____
____ Space/Unit Heater	Mfg _____	Model # _____
____ Steam/Hot Water	Mfg _____	Model # _____
____ Wood Burning Unit	Mfg _____	Model # _____
____ Other (specify) _____		

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

2011 Fee Table

VALUATION		FEE
FROM	TO	
\$0	\$300	\$15.00
\$301	\$1000	\$15.00 for the first \$300 + \$5 for each additional \$100 or fraction thereof, up to and including \$1,000
\$1001	\$2000	\$50.00 for the first \$1,000 + \$3.05 for each additional \$100 or fraction thereof, up to and including \$2,000
\$2001	\$25,000	\$80.50 for the first \$2,000 + \$14 for each additional \$1,000 or fraction thereof, up to and including \$25,000
\$25,001	\$50,000	\$402.50 for the first \$25,000 + \$10.10 for each additional \$1,000 or fraction thereof, up to and including \$50,000
\$50,001	\$100,000	\$655 for the first \$50,000 + \$7 for each additional \$1,000 or fraction thereof, up to and including \$100,000
\$100,001	\$500,000	\$1,005 for the first \$100,000 + \$5.60 for each additional \$1,000 or fraction thereof, up to and including \$500,000
\$500,001	\$1,000,000	\$3,245 for the first \$500,000 + \$4.75 for each additional \$1,000 or fraction thereof, up to and including \$1,000,000
\$1,000,001	and up	\$5,620 for the first \$1,000,000 + \$4.25 for each additional \$1,000

* State surcharge is calculated at .0005 times the cost of the job.
Add the State surcharge only one time.

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

Mechanical Permit Fee

Valuation of Work: \$ _____

Permit Fee (see Fee Table) \$ _____
 *Plan Review Fee \$ _____
 *State Surcharge \$ _____

TOTAL \$ _____

TANKS

Underground _____ Install/Remove@ \$200 _____
 Above Ground _____ Install/Remove@ \$200 _____
 Replace Existing _____ Install/Remove@ \$250 _____
 Temporary Tank \$15.00 per tank \$ _____

State Surcharge \$5.00

TOTAL \$ _____

GAS PIPING

Number of openings _____ @ \$12.00 each \$ _____
 (Gas Piping **ONLY** Minimum \$40.00 permit fee)

State Surcharge \$5.00 (gas piping only)

TOTAL \$ _____

FURNACE/and/or A/C replacement ONLY

As provided in Fee Chart but not to exceed \$250

Furnace Replacement Only \$ _____
 Air Conditioning Replacement Only \$ _____
 Furnace AND A/C Replacement \$ _____
 * State Surcharge \$ _____

TOTAL PERMIT FEE \$ _____

Comments



11155 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) ____/____ C.V.C.# ____ (BACK OF CARD)

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Card Holder's

Signature _____ Date _____

For more information, please call (763) 767-6476