City of Coon Rapids
Building Permit Application

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______________

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.

Fee schedule is online at: coonrapidsmn.gov/696/Permit-Fees

11155 Robinson Dr, Coon Rapids, MN 55433
763-767-6476 Office, 763-767-6573 Fax, buildinginsp@coonrapidsmn.gov
### Tent or Canopy Supply Company

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell:</td>
</tr>
</tbody>
</table>

### Event Information

<table>
<thead>
<tr>
<th>Event Date(s):</th>
<th>Hours of Operation:</th>
<th>Proposed number of occupants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose(s) for which tent/canopy will be used (check all that apply):</td>
<td>Food</td>
<td>Alcohol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Coordinator Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day of Event Contact Person (if different than coordinator):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

### Tent or Canopy Information

- **Type of Structure:**  
  - □ Tent  
  - □ Canopy  
  - □ Has sides  
  - □ Does not have sides

- **Dimensions of tent:**  
  - Total square footage:

- **Tent set-up date:**  
  - Tent removal date:

- **Power Source*:**  
  - □ None  
  - □ Extension cord  
  - □ Temporary pole  
  - □ Generator, size:  
  - □ Other:  

- **Heating Source*:**  
  - □ None  
  - □ Electric  
  - □ Propane  
  - □ Other:  

*additional permits may be required

### Additional Site Information

- **Toilet Facilities:**  
  - □ Use in existing building  
  - □ Temporary toilets: number

- **Parking:**  
  - Number of standard spaces: Existing _______ Proposed _______  
  - Number of handicap spaces: Existing _______ Proposed _______  

- **Total number of parking spaces:**  
  - Existing _______ Proposed _______

- **Signage:**  
  - Will there be additional signs for the event?  
  - □ Yes*  
  - □ No  

*additional permits will be required

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Refer to the Tents and Canopies handout for additional submittal information: [https://www.coonrapidsmn.gov/DocumentCenter/View/9003/Tents-and-Canopies-PDF](https://www.coonrapidsmn.gov/DocumentCenter/View/9003/Tents-and-Canopies-PDF)