City of Coon Rapids
Building Permit Application

Job Site Address:__________________________________________________________
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:_______________________

Residential

☐ Mobile Home ☐ Single Family ☐ Townhome ☐ Two-Family
☐ New ☐ Demolish ☐ Move ☐ Repair ☐ Replace ☐ Remodel

(Area to be Remodeled)

Commercial

☐ Commercial ☐ Hospital/Medical ☐ Hotel/Motel ☐ Multi-Family ☐ Industrial ☐ Public Building
☐ New ☐ Demolish ☐ Repair ☐ Replace ☐ Remodel

(Area to be Remodeled)

REQUIRED 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

OFFICE USE ONLY

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

☐ Consultation ☐ Foundation/Waterproof ☐ Ice & Water Barrier ☐ Site ☐ Smoke/C.O. Alarms
☐ Final ☐ Framing ☐ Insulation/VB ☐ Sheathing ☐ Under slab
☐ Footing ☐ Gypsum Wallboard ☐ Pan Flashing ☐ Poured Wall
☐ Forms for Concrete ☐ House Wrap ☐ Other

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

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