

# City of Coon Rapids Building Permit Application

OFFICE USE ONLY

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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Contractor

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Contractor License#: \_\_\_\_\_ Lead Cert #NAT \_\_\_\_\_

### Residential

- Mobile Home       Single Family  
 Townhome       Two-Family

<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Demolish	<input type="checkbox"/> Basement	<input type="checkbox"/> Windows: _____
<input type="checkbox"/> Move	<input type="checkbox"/> Finish	Number: _____
<input type="checkbox"/> Repair	<input type="checkbox"/> Deck/Porch	Type: _____
<input type="checkbox"/> Replace	<input type="checkbox"/> Garage/Shed	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Remodel	<input type="checkbox"/> Fire Damage	_____
_____	<input type="checkbox"/> Roof	_____
<i>(Area to be Remodeled)</i>	<input type="checkbox"/> Siding	_____

### Commercial

- Commercial       Hotel/Motel       Multi-Family  
 Hospital/Medical       Industrial       Public Building

<input type="checkbox"/> New	<input type="checkbox"/> Addition
<input type="checkbox"/> Demolish	<input type="checkbox"/> Fire Damage
<input type="checkbox"/> Repair	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Replace	<input type="checkbox"/> Roof
<input type="checkbox"/> Remodel	<input type="checkbox"/> Siding
_____	Windows: Number _____ Type _____
<i>(Area to be Remodeled)</i>	Other: _____

**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

<input type="checkbox"/> Consultation	<input type="checkbox"/> Foundation/Waterproof	<input type="checkbox"/> Ice & Water Barrier	<input type="checkbox"/> Site	<input type="checkbox"/> Smoke/C.O. Alarms
<input type="checkbox"/> Final	<input type="checkbox"/> Framing	<input type="checkbox"/> Insulation/VB	<input type="checkbox"/> Sheathing	<input type="checkbox"/> Under slab
<input type="checkbox"/> Footing	<input type="checkbox"/> Gypsum Wallboard	<input type="checkbox"/> Pan Flashing	_____	_____
<input type="checkbox"/> Forms for Concrete	<input type="checkbox"/> House Wrap	<input type="checkbox"/> Poured Wall	Other _____	_____