

# City of Coon Rapids Electrical 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: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

## Contractor

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Contractor License#: \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

### Residential

- Principal Building
- Garage
- Accessory Building
- Temporary Building
- Swimming Pool

New \_\_\_ Repair \_\_\_ Replace \_\_\_  
Remodel: \_\_\_\_\_  
*Area to be remodeled*

### Commercial

New \_\_\_ Repair \_\_\_ Replace \_\_\_  
Remodel: \_\_\_\_\_  
*Area to be remodeled*

Please indicate the number of each item being installed

- |                         |                            |
|-------------------------|----------------------------|
| ___ AFCI Receptacle     | ___ Lighting               |
| ___ Air Conditioner     | ___ Photovoltaic Equipment |
| ___ Appliance—hard wire | ___ Pool/Hot Tub           |
| ___ Boiler/Hot Water    | ___ Potable Hot Water      |
| ___ Branch Circuit      | ___ Receptacle             |
| ___ Disconnect          | ___ Smoke Detector         |
| ___ Exterior Lighting   | ___ Switch                 |
| ___ Furnace             | ___ Service—New/Upgrade    |
| ___ GFCI Branch Circuit | ___ Subpanel               |
| ___ GFCI Receptacle     |                            |
| ___ Other               |                            |

Please indicate the number of each item being installed

- |                                       |                           |
|---------------------------------------|---------------------------|
| ___ Air Conditioner                   | ___ Pool/Hot Tub/Spa      |
| ___ Appliance (hard wire)             | ___ Potable Hot Water     |
| ___ Boiler/Hot Water                  | ___ Receptacle            |
| ___ Branch Circuit                    | ___ Service—New/Upgrade   |
| ___ Disconnect                        | ___ Signage               |
| ___ Furnace                           | ___ Subpanel              |
| ___ Feeder                            | ___ Switch                |
| ___ Lighting                          | ___ Temporary Service     |
| ___ Office Furniture—feed only        | ___ Ventilation Equipment |
| ___ Office Furniture—partition wiring |                           |
| ___ Other                             |                           |

#### Fire Safety & Technology

- |                             |                       |
|-----------------------------|-----------------------|
| ___ Annunciator             | ___ Heat Detector     |
| ___ Air Quality Control     | ___ Indicating Device |
| ___ Central Station Control | ___ Initiating Device |
| ___ Control Panel           | ___ Signal            |

**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 \_\_\_\_\_