City of Coon Rapids  
Plumbing 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: ___________________________________________________ Cell: ____________________________________

### Contractor

Name: __________________________________________________________  
Contact Person: _________________________________________________

Address: Number and Street Name ___________________________ City: __________ State: ______ Zip: ______

Phone: _____________________ Cell: __________  
Contractor License# PC _____________________________

Email: ___________________________

### Permit Type

- [ ] Residential
- [ ] Commercial
- [ ] Other (specify) ____________________________

### Type of Work

- [ ] New
- [ ] Existing Building
- [ ] Repair/Replace
- [ ] Demolish

### Fixtures

- [ ] Backflow Preventer
- [ ] Bathtub
- [ ] Dishwasher
- [ ] Drinking Fountain
- [ ] Fixture R.I.Only
- [ ] Floor Drain
- [ ] Garbage Disposal
- [ ] Laundry Tub
- [ ] Lavatory
- [ ] Meter Install
- [ ] RPZ
- [ ] Roof Drain
- [ ] Shower
- [ ] Sill Cock
- [ ] Sink
- [ ] Standpipe
- [ ] Urinal
- [ ] Water Closet
- [ ] Water Heater: ___ tank  ____ tankless/on-demand
- [ ] Water Softener

_____ Special Fixtures

- [ ] Flammable Waste
- [ ] Grease Interceptor
- [ ] Sewage Ejector
- [ ] Other ____________________________

**REQUIRED Description of Work:** ____________________________

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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

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