

# City of Coon Rapids Plumbing 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: \_\_\_\_\_  
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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Backflow Preventer | <input type="checkbox"/> RPZ   |   |
| <input type="checkbox"/> Bathtub            | <input type="checkbox"/> Roof Drain  | <u>Special Fixtures</u>                     |
| <input type="checkbox"/> Dishwasher         | <input type="checkbox"/> Shower  | <input type="checkbox"/> Flammable Waste    |
| <input type="checkbox"/> Drinking Fountain  | <input type="checkbox"/> Sill Cock   | <input type="checkbox"/> Grease Interceptor |
| <input type="checkbox"/> Fixture R.I. Only  | <input type="checkbox"/> Sink  | <input type="checkbox"/> Sewage Ejector     |
| <input type="checkbox"/> Floor Drain        | <input type="checkbox"/> Standpipe   | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Garbage Disposal   | <input type="checkbox"/> Urinal  |   |
| <input type="checkbox"/> Laundry Tub        | <input type="checkbox"/> Water Closet  |   |
| <input type="checkbox"/> Lavatory           | <input type="checkbox"/> Water Heater: <input type="checkbox"/> tank <input type="checkbox"/> tankless/on-demand |   |
| <input type="checkbox"/> Meter Install      | <input type="checkbox"/> Water Softener  |   |

**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.

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