City of Coon Rapids

Sewer and Water 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:_____

Contractor

Name:_____Contact Person:_____

Address:_____

Number and Street Name City State Zip

Phone:_____ Cell:_____ Contractor License#: _____

Email Address_____

Permit Type

☐ Residential ☐ Commercial

☐ Other (specify)_____

Type of Work

☐ New
☐ Repair
☐ Disconnect/Terminate

Material Information

Water Pipe: Size_____ Material_____

Sewer Pipe: Size_____ Material_____

Specific Description of Work to be Completed

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 _____

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

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