

City of Coon Rapids Building 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: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____

Contractor

Name: _____ Contact Person: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Contractor License#: _____ Lead Cert #NAT _____

Property Use	Type of Work	Building Information
___ Single Family ___ 2-Family ___ Mulit-Family ___ Townhouse ___ Commercial ___ Industrial ___ Hospital/Medical ___ Public Building ___ Hotel/Motel	___ New Building ___ Demolish Building ___ Mobile Home ___ Move Building ___ Existing Building ___ Addition/Alter ___ Fire Damage ___ Basement Finish ___ Reroof ___ Deck ___ Reside ___ Driveway ___ Swimming Pool ___ Garage/Shed ___ Windows ___ Other _____	___ Number of Stories ___ Number of Buildings Total Sq. Ft. _____ Height _____ Length _____ Width _____ Property Zoning _____ Occupancy Group _____ Type of Construction _____ Fire Sprinklers Yes ___ No ___

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 Signature _____ Date _____

OFFICE USE ONLY: REQUIRED INSPECTIONS

___ Consultation ___ Foundation/Waterproof ___ Ice & Water Barrier ___ Sheathing
 ___ Final ___ Framing ___ Insulation/VB ___ Smoke/C.O. Alarms
 ___ Footing ___ Gypsum Wallboard ___ Pan Flashing
 ___ Forms for Concrete ___ House Wrap ___ Site Other _____