

City of Coon Rapids
Sewer and Water 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: _____

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 Signature _____

Date _____