

**City of Coon Rapids**  
**Fire Protection Permit Application**

Job Site Address: \_\_\_\_\_ Permit # \_\_\_\_\_ Date \_\_\_\_\_

Business Name: \_\_\_\_\_

Total Project Valuation: \$ \_\_\_\_\_ The Applicant Is:  Owner  Contractor  
(Must include material and labor costs)

**Property Owner**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**Permit Type**

01 Residential  
 02 Commercial  
 03 Other (Specify) \_\_\_\_\_

**Type of Work**

**New Building**  
 **Existing Building**  
 Addition  Repair  
 Remodel  Reinspection Fee

**Specific Description of Work to be Completed**

Permit becomes void if the 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 is *required* by the Minnesota State Building Code. It is the responsibility of the applicant to call the Coon Rapids Fire Department at 763-767-6549 to schedule an inspection.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

Entered \_\_\_\_\_ Issued \_\_\_\_\_

## Fire Protection Permit Fees

Sprinkler Permit – First 10 Heads	\$100.00	_____
Each Additional 10 Heads	\$20.00	_____
Special Suppression System	\$100.00	_____
Alarm Permit	\$100.00	_____
Additional Panels	\$100.00	_____
Alarm Devices	\$2.00 ea.	_____
Reinspection Fee	\$100.00	_____
Second Reinspection	\$200.00	_____
Third Reinspection	\$300.00	_____
Subtotal		_____
State Surcharge		_____ \$1.00
Total Permit Cost		_____

## Building Information

Number of Stories	_____
Total Square Footage	_____
Height	_____
Length	_____
Width	_____
Occupancy Group	_____
Type of Construction	_____
Hazardous Material	Yes _____ No _____
Flammable Liquid	Yes _____ No _____
Quantity	_____
Type	_____

## Required Inspections

- |                          |      |                             |
|--------------------------|------|-----------------------------|
| <input type="checkbox"/> | F101 | Final – Fire Protection     |
| <input type="checkbox"/> | F102 | Final – Fire Alarm Panel    |
| <input type="checkbox"/> | F103 | Hydrostatic Test            |
| <input type="checkbox"/> | F104 | Dry System air Test         |
| <input type="checkbox"/> | F105 | Flow Test                   |
| <input type="checkbox"/> | F106 | Fire Pump Test              |
| <input type="checkbox"/> | F107 | Annunciators/Signal Devices |
| <input type="checkbox"/> | F108 | Consultation                |
| <input type="checkbox"/> | F109 | Correction                  |

## System Information

Sprinklers – NFPA 13	_____	Other	_____
Number of Heads	_____		
Dry System	All _____	Partial	_____
High Piled Storage	Yes _____	No	_____
Monitored System	Yes _____	No	_____
*If yes, UL Central Station Certificate for the property is required prior to occupancy. The certificate shall list all devices connected to the system.			

## Comments




11155 Robinson Drive  
Coon Rapids, MN 55433  
763-767-6549