

# City of Coon Rapids Building 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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Contractor

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Contractor License#: \_\_\_\_\_ Lead Cert #NAT \_\_\_\_\_

### Residential

- Mobile Home       Single Family  
 Townhome         Two-Family

___ New	___ Addition	___ Swimming Pool
___ Demolish	___ Basement	___ Windows:
___ Move	___ Finish	Number: _____
___ Repair	___ Deck/Porch	Type: _____
___ Replace	___ Garage/Shed	___ Other: _____
___ Remodel	___ Fire Damage	_____
_____	___ Roof	_____
<i>(Area to be Remodeled)</i>	___ Siding	_____

### Commercial

- Commercial       Hotel/Motel       Multi-Family  
 Hospital/Medical       Industrial       Public Building

___ New	___ Addition
___ Demolish	___ Fire Damage
___ Repair	___ Parking Lot
___ Replace	___ Roof
___ Remodel	___ Siding
_____	Windows: Number _____ Type _____
<i>(Area to be Remodeled)</i>	___ Other: _____

**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.**

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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### BUILDING INFORMATION

\_\_\_ Number of Stories    \_\_\_ Number of Buildings    Total Sq. Ft. \_\_\_\_\_    Height \_\_\_\_\_    Length \_\_\_\_\_    Width \_\_\_\_\_  
\_\_\_ Property Zoning    \_\_\_ Occupancy Group    \_\_\_ Type of Construction    Fire Sprinklers Yes \_\_\_ No \_\_\_

### REQUIRED INSPECTIONS

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

**City of Coon Rapids**  
**Tent and Canopy Addendum to Building Permit Application**

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Property Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

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

**Tent or Canopy Supply Company**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Information**

Event Date(s): \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ Proposed number of occupants: \_\_\_\_\_

Purpose(s) for which tent/canopy will be used (check all that apply):  Food  Alcohol  Merchandise  Promotional Event  
 Other: \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Day of Event Contact Person (if different than coordinator): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tent or Canopy Information**

Type of Structure:  Tent  Canopy  Has sides  Does not have sides

Dimensions of tent: \_\_\_\_\_ Total square footage: \_\_\_\_\_

Tent set-up date: \_\_\_\_\_ Tent removal date: \_\_\_\_\_

Power Source\*:  None  Extension cord  Temporary pole  Generator, size: \_\_\_\_\_  Other \_\_\_\_\_

Heating Source\*:  None  Electric  Propane  Other \_\_\_\_\_

\*additional permits may be required

**Additional Site Information**

Toilet Facilities:  Use in existing building  Temporary toilets: number \_\_\_\_\_

Parking  
Number of standard spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Number of handicap spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Total number of parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Signage  
Will there be additional signs for the event?  Yes\*  No

\*additional permits will be required

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Date routed: \_\_\_\_\_ Clerk's Office  
Planning Dept  
Police Dept

Refer to the Tents and Canopies handout for additional submittal information:  
<https://www.coonrapidsmn.gov/DocumentCenter/View/9003/Tents-and-Canopies-PDF>