

City of Coon Rapids Electrical 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: _____
Email Address: _____ Cell: _____

Contractor

Name: _____ Contact Person: _____
Address: _____
Phone: _____ Cell: _____ Contractor License#: _____
Email _____ Fax _____

Residential

- Principal Building
- Garage
- Accessory Building
- Temporary Building
- Swimming Pool

New ___ Repair ___ Replace ___
Remodel: _____
Area to be remodeled

Commercial

New ___ Repair ___ Replace ___
Remodel: _____
Area to be remodeled

Please indicate the number of each item being installed

- | | |
|-------------------------|----------------------------|
| ___ AFCI Receptacle | ___ Lighting |
| ___ Air Conditioner | ___ Photovoltaic Equipment |
| ___ Appliance—hard wire | ___ Pool/Hot Tub |
| ___ Boiler/Hot Water | ___ Potable Hot Water |
| ___ Branch Circuit | ___ Receptacle |
| ___ Disconnect | ___ Smoke Detector |
| ___ Exterior Lighting | ___ Switch |
| ___ Furnace | ___ Service—New/Upgrade |
| ___ GFCI Branch Circuit | ___ Subpanel |
| ___ GFCI Receptacle | |
| ___ Other _____ | |

Please indicate the number of each item being installed

- | | |
|---------------------------------------|---------------------------|
| ___ Air Conditioner | ___ Pool/Hot Tub/Spa |
| ___ Appliance (hard wire) | ___ Potable Hot Water |
| ___ Boiler/Hot Water | ___ Receptacle |
| ___ Branch Circuit | ___ Service—New/Upgrade |
| ___ Disconnect | ___ Signage |
| ___ Furnace | ___ Subpanel |
| ___ Feeder | ___ Switch |
| ___ Lighting | ___ Temporary Service |
| ___ Office Furniture—feed only | ___ Ventilation Equipment |
| ___ Office Furniture—partition wiring | |
| ___ Other _____ | |

Fire Safety & Technology

- | | |
|-----------------------------|-----------------------|
| ___ Annunciator | ___ Heat Detector |
| ___ Air Quality Control | ___ Indicating Device |
| ___ Central Station Control | ___ Initiating Device |
| ___ Control Panel | ___ Signal |

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 _____