

City of Coon Rapids Mechanical 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: _____
Number and Street Name City State Zip

Phone: _____ Cell: _____ Contractor License#: _____

Email _____ Fax _____

Residential

New Remodel
 Replace/Repair Other: _____

___ Air Conditioner	___ In-floor Heat/Hydronics
___ Bath Fan	___ Kitchen Hood
___ Chimney/Flue	___ Space/Unit Heater
___ Ductwork/Ventilation	___ Hot Water Boiler
___ Fireplace (Gas)	___ Wood Burning Unit
___ Furnace	___ Other (specify): _____
___ Gas Piping Openings	
___ HRV/ERV	

Commercial

New Remodel
 Replace/Repair Other: _____

___ Air Conditioner	___ HRV/ERV
___ Bath Fan/PRV	___ In-floor Heat/Hydronics
___ Boiler Steam/Hot Water	___ Kitchen Hood: Type: _____
___ Ductwork/Ventilation	___ Refrigeration
___ Fireplace (Gas/Wood)	___ Roof Top Unit
___ Fire Dampers/Smoke Dampers	___ Space/Unit Heater
___ Furnace	___ Other (specify): _____
___ Gas Opening	

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 _____