

City of Coon Rapids
Grading Permit Application

Job Site Address: _____ Unit#: _____ Zip: _____

Total Project Valuation: \$ _____ The Applicant is: Owner _____ Contractor _____ Permit # _____

Property Owner

Name: _____ Contact Person: _____

Address: _____ Unit#: _____

City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

Contractor

Name: _____ Contact Person: _____

Address: _____
Number and Street Name City State Zip

Phone: _____ Cell: _____ Email: _____

Property Use	Type of Soil Disturbance	Type of Work
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi Family Residential <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public	Soil movement \geq 50 cubic yards _____ Land Disturbance \geq 5,000 square ft. _____	<input type="checkbox"/> Site Grading <input type="checkbox"/> Parking Lot <input type="checkbox"/> Soil Correction <input type="checkbox"/> Driveway/Roads <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Landscaping <input type="checkbox"/> Maintenance Other _____

Specific Description of Work to be Completed

Permit becomes void if work does not begin within 180 days or if suspended at any time over the 180 days. Permits issued and inspection made by the City are a public service and do not constitute any representation, guarantee or warrant, either implied or expressed, to any person as to the condition of the property, soil or conformance to applicable 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 regulating erosion control and storm water management. Some or all of the information that you are asked to provide on the application is classified by State law as either private or confidential. Private data is information, which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information, which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to annually update our records and records of other governmental agencies as required by law. If you refuse to supply the information, the permit may not be issued.

The applicant certifies that erosion control measures will be in place before land disturbance occurs on the property.

Applicant's Signature _____ **Date** _____

GRADING PERMIT FEE		
VALUATION		2010 FEE TABLE
FROM	TO	
\$0	\$300	\$15.00
\$301	\$1000	\$15.00 for the first \$300 + \$5 for each additional \$100 or fraction thereof, up to and including \$1,000
\$1001	\$2000	\$50.00 for the first \$1,000 + \$3.05 for each additional \$100 or fraction thereof, up to and including \$2,000
\$2001	\$25,000	\$80.50 for the first \$2,000 + \$14 for each additional \$1,000 or fraction thereof, up to and including \$25,000
\$25,001	\$50,000	\$402.50 for the first \$25,000 + \$10.10 for each additional \$1,000 or fraction thereof, up to and including \$50,000
\$50,001	\$100,000	\$655 for the first \$50,000 + \$7 for each additional \$1,000 or fraction thereof, up to and including \$100,000
\$100,001	\$500,000	\$1,005 for the first \$100,00 + \$5.60 for each additional \$1,000 or fraction thereof, up to and including \$500,000
\$500,001	\$1,000,000	\$3,245 for the first \$500,000 + \$4.75 for each additional \$1,000 or fraction thereof, up to and including \$1,000,000
\$1,000,001	and up	\$5,620 for the first \$1,000,000 + \$4.25 for each additional \$1,000

PERMIT FEE	
Valuation of Work	\$ _____
Plan Review Fee	\$ _____
Permit Total	\$ _____
*Plan review fee of 65% of the Permit fee will be charged on all grading permits.	

FOR OFFICE USE

OTHER PERMITS
_____ Coon Creek Watershed District Permit
_____ Six Cities Watershed Management Organization
_____ Lower Rum River Watershed Management Organization
_____ Wetland Permit Requirement _____ YES _____ NO
_____ Erosion Control Permit
_____ MPCA Permit
_____ Other

REQUIRED INSPECTION
_____ Special Inspection per 2006 IBC Section 1704.7 are required.
_____ Preliminary Inspection
_____ Final Inspection

COMMENTS



763 767-6476
763 767-6573 fax



CREDIT CARD AUTHORIZATION FORM

Please use this form to authorize payment by credit card for permits from the City of Coon Rapids' Inspection Division.

Send or fax this form to:

City of Coon Rapids, Inspection Division
11155 Robinson Drive
Coon Rapids, MN 55433
Fax: (763)-767-6573

For permits indicated on the attached forms, please charge our (choose from the following):

The City of Coon Rapids is not responsible for your credit card information if you choose to fax your permit with a credit card number on it. We cannot accept credit card numbers via email. Thank you.

Visa _____ Mastercard _____

Account Number _____ - _____ - _____ - _____

Expiration Date (Month/Year) ____/____ C.V.C.# _____ (BACK OF CARD)

Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Card Holder's

Signature _____ Date _____

For more information, please call (763) 767-6476