

City of Coon Rapids Plumbing Permit Application

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: _____

Contractor

Name: _____ Contact Person: _____
 Address: _____
Number and Street Name City State Zip
 Phone: _____ Cell: _____ Contractor License#: _____
 Email: _____ Fax: _____

Permit Type

- Residential Commercial
 Other (specify) _____

Type of Work

- New
 Existing Building
 Repair Demolish
 Replace Reinspection Fee

Fixtures

- | | | |
|------------------------|---------------------------|--|
| ___ Backflow Preventer | ___ RPZ | |
| ___ Bathtub | ___ Roof Drain | |
| ___ Dishwasher | ___ Shower | |
| ___ Drinking Fountain | ___ Sill Cock | |
| ___ Fixture R.I. Only | ___ Sink | |
| ___ Floor Drain | ___ Standpipe | |
| ___ Garbage Disposal | ___ Urinal | |
| ___ Gas Opening | ___ Water Closet | |
| ___ Laundry Tub | ___ Water Heater | |
| ___ Lavatory | ___ Water Softener | |
| ___ Meter Install | ___ Other (specify) _____ | |

Special Fixtures

- ___ Flammable Waste
 ___ Grease Interceptor
 ___ Sewage Ejector
 ___ Other _____

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 Signature _____

Date _____

Plumbing Permit Fees

VALUATION		<u>2011 FEE TABLE</u>
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

Valuation of work \$ _____
 Permit Fee (see table) \$ _____
 *State Surcharge \$ _____
 *Plan Review Fee \$ _____
TOTAL \$ _____

Fixed Fees-Exceptions to Fee Chart
Residential Water Heater **\$ 60.00**
Residential Water Softener **\$ 40.00**
State Surcharge **\$ 5.00**
TOTAL **\$ _____**

**When applicable, a plan review charge equal to 35 percent of the permit fee will be added.*

*State surcharge is calculated at .0005 times the cost of the job.

(\$5.00 state surcharge on water heater/water softener permits only)

Required Inspections
<input type="checkbox"/> Final
<input type="checkbox"/> Plumbing R.I. & Air test
<input type="checkbox"/> Plumbing R.I. - Below Grade
<input type="checkbox"/> Plumbing R.I. – Visual
<input type="checkbox"/> Rain Water Leader R.I.
<input type="checkbox"/> Consultation
<input type="checkbox"/> Correction

Comments



11155 Robinson Dr
 Coon Rapids, MN 55433

763 767-6476 • Fax 763 767-6573



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