

City of Coon Rapids
Fire Protection Permit Application

Job Site Address: _____ Permit # _____ Date _____

Business Name: _____

Total Project Valuation: \$ _____ The Applicant Is: Owner Contractor
(Must include material and labor costs)

Property Owner

Name _____ Contact Person _____

Address _____ Unit # _____

City _____ State _____ Zip _____ Phone # _____

Contractor

Name _____ Contact Person _____

Address _____ License # _____

City _____ State _____ Zip _____ Phone # _____

| |
|---------------------------------------------------|
| Permit Type |
| <input type="checkbox"/> 01 Residential |
| <input type="checkbox"/> 02 Commercial |
| <input type="checkbox"/> 03 Other (Specify) _____ |

| |
|----------------------------------------------------------------------------|
| Type of Work |
| <input type="checkbox"/> New Building |
| <input type="checkbox"/> Existing Building |
| <input type="checkbox"/> Addition <input type="checkbox"/> Repair |
| <input type="checkbox"/> Remodel <input type="checkbox"/> Reinspection Fee |

Specific Description of Work to be Completed

Permit becomes void if the 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 is *required* by the Minnesota State Building Code. It is the responsibility of the applicant to call the Coon Rapids Fire Department at 763-767-6549 to schedule an inspection.

Applicants Signature _____ Date _____

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|----------------------------|
| <i>For Office Use Only</i> |
| Entered _____ Issued _____ |

Fire Protection Permit Fees

| | | |
|-----------------------------------|------------|-------|
| Sprinkler Permit – First 10 Heads | \$100.00 | _____ |
| Each Additional 10 Heads | \$20.00 | _____ |
| Special Suppression System | \$100.00 | _____ |
| Alarm Permit | \$100.00 | _____ |
| Additional Panels | \$100.00 | _____ |
| Alarm Devices | \$2.00 ea. | _____ |
| Reinspection Fee | \$100.00 | _____ |
| Second Reinspection | \$200.00 | _____ |
| Third Reinspection | \$300.00 | _____ |
| Subtotal | | _____ |
| State Surcharge | | .50 |
| Total Permit Cost | | _____ |

Building Information

| | |
|----------------------|--------------------|
| Number of Stories | _____ |
| Total Square Footage | _____ |
| Height | _____ |
| Length | _____ |
| Width | _____ |
| Occupancy Group | _____ |
| Type of Construction | _____ |
| Hazardous Material | Yes _____ No _____ |
| Flammable Liquid | Yes _____ No _____ |
| Quantity | _____ |
| Type | _____ |

Required Inspections

- F101 Final – Fire Protection
- F102 Final – Fire Alarm Panel
- F103 Hydrostatic Test
- F104 Dry System air Test
- F105 Flow Test
- F106 Fire Pump Test
- F107 Annunciators/Signal Devices
- F108 Consultation
- F109 Correction

System Information

| | | | |
|----------------------|-----------|---------|-------|
| Sprinklers – NFPA 13 | _____ | Other | _____ |
| Number of Heads | _____ | | |
| Dry System | All _____ | Partial | _____ |
| High Piled Storage | Yes _____ | No | _____ |
| Monitored System | Yes _____ | No | _____ |

*If yes, UL Central Station Certificate for the property is required prior to occupancy. The certificate shall list all devices connected to the system.

Comments

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11155 Robinson Drive
Coon Rapids, MN 55433
763-767-6549