

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

- 01 Residential
- 02 Commercial
- 03 Other (Specify) _____

Type of Work

- New Building**
- Existing Building**
- Addition Repair
- Remodel 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 _____

For Office Use Only

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		5.00
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

- | | | |
|--------------------------|------|-----------------------------|
| <input type="checkbox"/> | F101 | Final – Fire Protection |
| <input type="checkbox"/> | F102 | Final – Fire Alarm Panel |
| <input type="checkbox"/> | F103 | Hydrostatic Test |
| <input type="checkbox"/> | F104 | Dry System air Test |
| <input type="checkbox"/> | F105 | Flow Test |
| <input type="checkbox"/> | F106 | Fire Pump Test |
| <input type="checkbox"/> | F107 | Annunciators/Signal Devices |
| <input type="checkbox"/> | F108 | Consultation |
| <input type="checkbox"/> | F109 | Correction |

System Information

Sprinklers – NFPA 13	_____	Other	_____
Number of Heads	_____		
Dry System	All _____	Partial	_____
High Piled Storage	Yes _____	No	_____
Monitored System	Yes _____	No	_____
<small>*If yes, UL Central Station Certificate for the property is required prior to occupancy. The certificate shall list all devices connected to the system.</small>			

Comments



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