

City of Austin
500 4th Avenue NE
Phone 507-437-9950
Fax 507-437-7101

Permit No. _____

Building Official
Office of City Engineer

APPLICATION

Job Site Address: _____

Business Name: _____

Property Owner: _____

Contractor:

Name: _____

Phone Number: _____

Address: _____

License No: _____ Est. Value: _____ Applied For: _____

Clerk: _____

Zone: _____

Flood Zone: _____

Width (Ft) _____

Length (Ft) _____

Height (Ft) _____

Total Sq.Ft. _____

Constructed of: _____

Front Yard Setback: _____

Left Side Yard Setback: _____

Rear Yard Setback: _____

Right Side Yard Setback: _____

Plumbing Contractor: _____

Heating Contractor: _____

Description: _____

Receipt No: _____

Receipt Date: _____

Fees:

Building Fee: _____

Plan Check Fee: _____

Zoning Review Fee: _____

State Surcharge: _____

Storm Sewer Availability Charge: _____

Investigation Fee: _____

TOTAL AMOUNT: _____

Separate permits are required for electrical, plumbing, heating, ventilation or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

APPLICANTS SIGNATURE: _____ DATE: _____

ZONING OFFICIAL'S APPROVAL: _____ DATE: _____

BUILDING OFFICIAL'S APPROVAL: _____ DATE: _____