

City of Austin  
500 4<sup>th</sup> Avenue NE  
Phone 507-437-9950  
Fax 507-437-7101

Permit No. \_\_\_\_\_

Building Official  
Office of City Engineer

# APPLICATION

**Job Site Address:** \_\_\_\_\_  
**Property Owner:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

License No: \_\_\_\_\_ Est. Value: \_\_\_\_\_ Applied For: \_\_\_\_\_

Clerk: \_\_\_\_\_ Zone: \_\_\_\_\_  
Flood Zone: \_\_\_\_\_

Width (Ft) \_\_\_\_\_  
Height (Ft) \_\_\_\_\_  
Constructed of: \_\_\_\_\_  
Front Yard Setback: \_\_\_\_\_  
Rear Yard Setback: \_\_\_\_\_  
Plumbing Contractor: \_\_\_\_\_  
Heating Contractor: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length (Ft) \_\_\_\_\_  
Total Sq.Ft. \_\_\_\_\_  
Left Side Yard Setback: \_\_\_\_\_  
Right Side Yard Setback: \_\_\_\_\_  
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: \_\_\_\_\_