



City of Austin
500 Fourth Avenue N.E.
Austin, Minnesota 55912-3773
Building Department
 507-437-9950 Fax 507-437-7101

FOR OFFICE USE ONLY

 Permit No(s): _____
 Date Issued: _____
 Receipt No: _____ Check No.: _____
 Receipt Date: _____

Heating Permit Application

(All information must be completed or permit will not be issued)

Date: _____

Site Address: _____

Owner Name: _____

City: Austin State MN ZIP 55912

Telephone Number: _____

APPLICANT: CONTRACTOR OR OWNER (circle one)

Name: _____

Address: _____

City: _____ State _____ ZIP _____

Telephone Number: _____

PROJECT DESCRIPTION: _____

Total Project Valuation(s): \$ _____

Residential Fees

<input type="checkbox"/>	New House	\$99.50 + \$1.00 s/c = \$100.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/>	Additions, Alterations, Repairs	\$74.50 + \$1.00 s/c = \$ 75.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/>	Furnace and/or Air Conditioner.....	\$74.50 + \$1.00 s/c = \$ 75.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/>	Fireplace	\$74.50 + \$1.00 s/c = \$ 75.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/>	Investigation Fees (Pay 2nd permit fee) \$ _____		\$ _____
			\$ _____ + \$ _____ s/c

TOTAL PERMIT FEES = \$ _____

Heating Commercial Fees

Permit	Contract Price \$ _____ x .01 =	\$ _____
State Surcharge	Contract Price \$ _____ x .0005 =	\$ _____
Sanitary Sewer Access Connection Fee	- \$750.00 per REU (20 fixture units) =	\$ _____
TOTAL	(Minimum \$74.50 + \$1.00 s/c = \$75.50)=	\$ _____

This form and the fee must be submitted to the City of Austin, 500 4th Avenue NE Austin, MN 55912
PRIOR TO JOB STARTING

I HEREBY CERTIFY that the above information is correct and agree to comply with all applicable ordinances and codes of the City of Austin and laws of the State of Minnesota.

CONTRACTOR OR OWNER

DATE

.....
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Permit Approval _____

Date _____

Building Official

Zoning Approval _____

Date _____

Zoning Administrator

Zoned _____ Flood Area _____