



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: _____

Roofing/Siding/Windows/Doors Permit Application - Residential

(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: _____
 State License. No. _____
 (or)
 Homeowner as Contractor Form

PERMIT FEES: A fixed rate of \$74.50 + \$1.00 state surcharge, for a total of \$75.50 PER PROJECT

Type of permit (check all that apply)

- Roofing House Garage Valuation\$ _____
- Siding House Garage Valuation\$ _____
- Windows/Doors(Replacement) Valuation\$ _____

Investigation Fees

Permit Fees

\$ _____ + \$ _____ s/c
 \$ _____ + \$ _____ s/c
 \$ _____ + \$ _____ s/c
 \$ _____

TOTAL PERMIT FEES \$ _____ + \$ _____ s/c

= \$ _____

Detailed Description of all work being done: _____

Roofing Permit Inspections: Pictures of severe weather underlayment must be emailed, dropped off at the City of Austin Building Department, or left onsite before an inspection will be scheduled. Email agrabau@ci.austin.mn.us

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 _____
 Building Official

Date _____

Zoning Approval _____
 Zoning Administrator

Date _____

Zoned _____ Flood Area _____