

City of Austin 500 Fourth Avenue NE Austin, Minnesota 55912 Building Department 507-437-9950

FOR OFFICE USE ONLY	
Permit No(s):	
Date Issued:	_
Receipt No:	
Receipt Date:	
Zone:	Flood:

BUILDING PERMIT APPLICATION

Job Site Address:	Contractor:	
Property Owner:	Name:	
Business Name:	Address:	
Phone Number:	Discount of the second	
Email:	Phone Number:	
	Email:	
Building Type:	License Number:	<u>-</u>
☐ Commercial ☐ Residential ☐ Multi-Family units		
, 	Architect (when applicable):	
Construction Type: ☐ New ☐ Addition ☐ Remodel ☐ Repair	Name:	
☐ Replacement ☐ Conversion ☐ Demolition	Address:	
Estimated Value: \$	Phone Number:	
Valuation shown shall be based on the estimated total replacement cost to the owner (including labor, materials, equipment & installation).	Email:	
Description of Work:	Plumbing Contractor:	
	Heating Contractor:	_
	Building Fees:	
	Building Fee:	/bldg
Length (Ft)	Plan Check Fee:	
Width (Ft)	State Surcharge:	/surc
Height (Ft) Total Sq.Ft	Zoning Review Fee:	
Total Oq.1 t.	Storm Sewer Availability:	
Front Yard Setback:	Investigation Fee:	
Left Side Yard Setback:	TOTAL AMOUNT:	
Right Side Yard Setback:		
Separate permits are required for electrical, plumbing, heating, ventilat or construction authorized is not commenced within 180 days, or if condays at any time after work is commenced. I hereby certify that I have and correct. All provisions of laws and ordinances governing this type of granting of a permit does not presume to give authority to violate or carconstruction or the performance of construction.	struction or work is suspended or abandone read and examined this application and kno- of work will be complied with whether specifi	ed for a period of 180 w the same to be true ed herein or not. The
APPLICANTS SIGNATURE:	DATE:	
ZONING OFFICIAL'S APPROVAL:	DATE:	
BUILDING OFFICIAL'S APPROVAL:	DATE:	