



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

FOR OFFICE USE ONLY

Permit No(s): _____

Date Issued: _____

Receipt No: _____

Receipt Date: _____

Zone: _____ Flood: _____

DEMOLITION APPLICATION

Owner:

Job Site Address: _____

Property Owner: _____

Phone Number: _____

Contractor (if applicable):

Name: _____

Address: _____

City, State, Zip _____

Phone Number: _____

Description of work: _____

Job Valuation: \$ _____

Disconnect Options:

(Choose One)

- ☐ Kill service at the main
- ☐ Pay \$2500 in lieu of killing service
- ☐ N/A (no sewer to structure)

☐ Wrecking Form Completion

Building Fees:

Building Fee: _____ \$10 _____ /zone

Sewer Line Deposit: _____ /sewmeter

Investigation Fee: _____ /bldginv

TOTAL FEES: \$ _____

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:** _____