

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

FOR OFFICE USE ONLY	ا
Permit No(s):	I
Date Issued:	
Receipt No:	I
Receipt Date:	I
Zone:	Flood:
L	

FENCE PERMIT APPLICATION

Owner: Job Site Address: Property Owner: Phone Number: Fence Plot Plan Attached	Name: Address: City, Sta	Address:			
Job Valuation: \$					
Description of work:	Height: (Height: (Ft)			
Zoning Fees: Zoning Fee: Investigation Fee: TOTAL FEES: \$			Total Fee		
This permit becomes null and void if work or const or work is suspended or abandoned for a period of have read and examined this application and know governing this type of work will be complied with w presume to give authority to violate or cancel the p performance of construction.	of 180 days at any time after w the same to be true and whether specified herein or	er work is commenced correct. All provisions r not. The granting of a	d. I hereby certify that I s of laws and ordinances a permit does not		
APPLICANTS SIGNATURE:		DATE:			
OFFICE USE ONLY					

 ZONING OFFICIAL'S APPROVAL:
 DATE:

 BUILDING OFFICIAL'S APPROVAL:
 DATE: