

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:

Mechanical Permit Application

	(All information must be	pe completed or permit w	ill not be is	sued)				
Site Ac	ldress:	APPLICANT:	APPLICANT: CONTRACTOR OR OWNER (circle one)					
Owner	Name:	Name:						
Teleph	one Number:		Name:					
Mailing	Address (if different from above):							
	_							
	-					•		
PROJE	CT DESCRIPTION:							
Total	Project Valuation(s): \$							
Resid	ential Fees	/mech /surc	nech /surc			PERMIT FEES		
	New House	\$99.50 + \$1.00 s/c	= \$100.50	\$	+ \$	s/c		
	Additions, Alterations, Repairs			\$	+ \$	s/c		
	Furnace and/or Air Conditioner \$74.50 + \$1.00 s/c = \$75.50			\$	+ \$	s/c		
	Fireplace			\$	+ \$	s/c		
	Investigation Fees (Pay 2nd permit fee)	/bldginv		\$				
Comr	nercial Fees	TOTAL RESIDEN	TIAL FEES	= \$				
	Contract Price \$	x 01 =	\$					
	Surcharge Contract Price \$							
O.G.O.	TOTAL (Minimum \$74.50 + \$1.0							
	orm and the fee must be submitted to the Corp. PRIOR TO JOB STARTING.	ity of Austin via mail at 500	4 th Avenue	NE Austir	n, MN 55912	and		
	EBY CERTIFY that the above information is of the City of Austin and laws of the State of		ply with all a	pplicable	ordinances a	and		
	CONTRACTOR OR OWNER		DATE		-			
For Office	e Use Only							
Permit Approval		Da	te					
Zoning	Building Official Approval	Da	te					
J	Zoning Administrator				Revised 11/2020	ı		