

City of Austin
500 4th Avenue NE
Phone 507-437-9950
Fax 507-437-7101

Permit No. _____

Building Official
Office of City Engineer

APPLICATION

Job Site Address: _____
Property Owner: _____

Business Name: _____

Contractor:

Name: _____
Address: _____

Phone Number: _____

License No: _____ Est. Value: _____ Applied For: _____

Clerk: _____ Zone: _____
Flood Zone: _____

Width (Ft) _____
Height (Ft) _____
Constructed of: _____
Front Yard Setback: _____
Rear Yard Setback: _____
Plumbing Contractor: _____
Heating Contractor: _____
Description: _____

Length (Ft) _____
Total Sq.Ft. _____

Left Side Yard Setback: _____
Right Side Yard Setback: _____

Receipt No: _____
Receipt Date: _____

Fees:

Building Fee: _____
Plan Check Fee: _____
Zoning Review Fee: _____
State Surcharge: _____
Storm Sewer Availability Charge: _____
Investigation Fee: _____
TOTAL AMOUNT: _____

Separate permits are required for electrical, plumbing, heating, ventilation or air conditioning. 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: _____