



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: _____

Plumbing or Excavation Permit Application

(All information must be completed or permit will not be issued)

Site Address: _____

Owner Name: _____

Telephone Number: _____

Mailing Address (if different from above):

APPLICANT: CONTRACTOR OR OWNER (circle one)

Name: _____

Address: _____

City: _____ State _____ ZIP _____

Telephone Number: _____

PROJECT DESCRIPTION: _____

Total Project Valuation(s): \$ _____

<u>Residential Fees</u>	/plbg	/surc	<u>PERMIT FEES</u>
<input type="checkbox"/> New House	\$99.50	+ \$1.00 s/c = \$100.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/> Additions, Alterations, Repairs	\$74.50	+ \$1.00 s/c = \$ 75.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/> Water Heater	\$54.50	+ \$1.00 s/c = \$ 55.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/> Water Softener	\$39.50	+ \$1.00 s/c = \$ 40.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/> Service Line Alterations	\$74.50	+ \$1.00 s/c = \$ 75.50	\$ _____ + \$ _____ s/c
<input type="checkbox"/> Sanitary Sewer Access Connection Fee	\$1,500/unit = \$1,500.00		\$ _____ /sac
Investigation Fees (Pay 2nd permit fee).....	\$ _____		\$ _____ /bldginv

TOTAL RESIDENTIAL FEES = \$ _____

Plumbing Commercial Fees

Permit	Contract Price \$ _____ x .01 =	\$ _____
State Surcharge	Contract Price \$ _____ x .0005 =	\$ _____
Sanitary Sewer Access Connection Fee - \$1,500 per REU (20 fixture units) =		\$ _____
TOTAL	(Minimum \$74.50 + \$1.00 s/c = \$75.50) =	\$ _____

This form and the fee must be submitted to the City of Austin via mail at 500 4th Avenue NE Austin, MN 55912 **and paid for PRIOR TO JOB STARTING.**

I HEREBY CERTIFY that the above information is correct and agree to comply with all applicable ordinances and codes of the City of Austin and laws of the State of Minnesota.

_____ **CONTRACTOR OR OWNER**

_____ **DATE**

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Permit Approval _____
 Building Official

Date _____

Zoning Approval _____
 Zoning Administrator

Date _____