



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: _____

Roofing/Siding/Windows/Doors Permit Application - Residential

(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: _____

State License. No. _____

(or)
 Homeowner as Contractor Form

PERMIT FEES: A fixed rate of \$74.50 + \$1.00 state surcharge, for a total of \$75.50 PER PROJECT.

Type of permit (check all that apply)

- Roofing House Garage Valuation\$ _____
- Siding House Garage Valuation\$ _____
- Windows/Doors(Replacement) Valuation\$ _____

Permit Fees

\$ _____ /bldg + \$ _____ /surc

\$ _____ /bldg + \$ _____ /surc

\$ _____ /bldg + \$ _____ /surc

\$ _____ /bldginv

Investigation Fees

TOTAL RESIDENTIAL FEES = \$ _____

Detailed Description of all work being done: _____

Roofing Permit Inspections: Pictures of severe weather underlayment must be emailed, dropped off at the City of Austin Building Department, or left onsite before an inspection will be scheduled. Email agrabau@ci.austin.mn.us.

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 _____