



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 [timd@ci.austin.mn.us](mailto:timd@ci.austin.mn.us).

This form and the fee must be submitted to the City of Austin via mail at 500 4<sup>th</sup> 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

Zoning Approval \_\_\_\_\_  
 Zoning Administrator

Date \_\_\_\_\_

Date \_\_\_\_\_