



# BUILDING PERMIT APPLICATION



CITY OF ANTIGO BUILDING INSPECTOR  
 AND ZONING ADMINISTRATOR  
 700 EDISON STREET, ANTIGO, WISCONSIN 54409  
 PHONE: 715.623.3633 x134 Fax 715.627.7099  
[rmusolff@antigo-city.org](mailto:rmusolff@antigo-city.org)

PERMIT # \_\_\_\_\_ PERMIT FEE : \$ \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ PERMIT ISSUED BY \_\_\_\_\_

**PROJECT LOCATION:** \_\_\_\_\_

**PROJECT TYPE AND FEES:** (MINIMUM \$35 FEE)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> NEW (\$0.25 per sq. ft.)      | <input type="checkbox"/> REPAIR (\$0.12 per sq. ft.) | <input type="checkbox"/> REMODEL (\$0.12 per sq. ft.) |
| <input type="checkbox"/> ADDITION (\$0.12 per sq. ft.) | <input type="checkbox"/> DECK (\$35 fee)             | <input type="checkbox"/> GARAGE (\$0.12 per sq. ft.)  |
| <input type="checkbox"/> ROOF (\$35 fee)               | <input type="checkbox"/> DOORS (\$35 fee)            | <input type="checkbox"/> SIDING (\$35 fee)            |
| <input type="checkbox"/> POOL (\$35 fee)               | <input type="checkbox"/> FENCE (\$35 fee)            | <input type="checkbox"/> WINDOWS (\$35 fee)           |
| <input type="checkbox"/> OTHER _____                   |  |   |

**PROJECT DESCRIPTION :** \_\_\_\_\_

**PROJECT COST :** \$ \_\_\_\_\_ **SQ. FOOTAGE OF PROJECT :** \_\_\_\_\_

**OWNER'S INFORMATION:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CONTRACTOR'S INFORMATION:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTRACTOR CREDENTIAL # \_\_\_\_\_ QUALIFIER # \_\_\_\_\_

**CALL FOR INSPECTION: 715.623.3633 EXTENSION 134 OR 120**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 INSPECTOR SIGNATURE