



# ELECTRICAL 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)

- NEW** (\$0.08 per sq. ft.)       **REMODEL** (\$0.08 per sq. ft.)       **ADDITION** (\$0.08 per sq. ft.)  
 **ALTERATIONS WHERE SQUARE FOOTAGE CANNOT BE DETERMINED** (\$35 fee)  
 **TEMPORARY SERVICE** (\$35 fee)       **RESIDENTIAL SERVICE** (\$15 per 100 amps)  
 **COMMERCIAL SERVICE** (\$10 per 100 amps)  
 **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