



PLUMBING 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

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.)
 DRAIN LINE ALTERATIONS (\$35 fee) **WATER LINE ALTERATIONS** (\$35 fee)
 SINGLE FIXTURE INSTALLATION (\$35 fee) **WATER HEATER** (\$35 fee)
 WATER CONDITIONER (\$35 fee) **CROSS CONNECTION CONTROL ASSEMBLY** (\$35 fee)
 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: _____ PHONE _____

CONTRACTOR CREDENTIAL # _____ QUALIFIER # _____

CALL FOR INSPECTION: 715.623.3633 EXTENSION 134 OR 120

 APPLICANT SIGNATURE

 INSPECTOR SIGNATURE