



BUILDING PERMIT APPLICATION



CITY OF ANTIGO BUILDING INSPECTOR
 AND ZONING ADMINISTRATOR
 700 EDISON STREET, ANTIGO, WISCONSIN 54409
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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: _____ PHONE#: _____

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