



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 or bmccarthy@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)
- WATER/SEWER LATERAL (\$50 fee) 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