



RAZING PERMIT APPLICATION UTILITY RELEASE FORM

CITY OF ANTIGO BUILDING INSPECTOR AND ZONING ADMINISTRATOR

700 EDISON STREET, ANTIGO, WISCONSIN 54409

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ALL INFORMATION MUST BE PRINTED AND LEGIBLE

PERMIT APPLICANT: _____

ADDRESS OF BUILDING TO BE RAZED: _____

The undersigned hereby acknowledges that services to the following building/buildings have been disconnected on the date indicated.

WATER UTILITY Signed _____

Date of disconnect ____/____/____

ELECTRICAL UTILITY Signed _____

Date of disconnect ____/____/____

TELEPHONE UTILITY Signed _____

Date of disconnect ____/____/____

GAS UTILITY Signed _____

Date of disconnect ____/____/____

CABLE TELEVISION Signed _____

Date of disconnect ____/____/____

APPLICANT'S SIGNATURE Signed _____

Date of disconnect ____/____/____

INSPECTOR'S SIGNATURE Signed _____

Date of disconnect ____/____/____

PLEASE INCLUDE THIS RELEASE FORM WITH THE APPLICATION FOR A RAZING PERMIT