



BUILDING 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
bmccarthy@antigo-city.org

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