



APPLICATION FOR PLUMBING PERMIT

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

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

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