



# 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](mailto:bmccarthy@antigo-city.org)

**PROJECT LOCATION:** \_\_\_\_\_

**PROJECT TYPE AND FEES:** (MINIMUM \$35 FEE)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>NEW</b> (\$0.25 per sq. ft.)      | <input type="checkbox"/> <b>REPAIR</b> (\$0.12 per sq. ft.) | <input type="checkbox"/> <b>REMODEL</b> (\$0.12 per sq. ft.) |
| <input type="checkbox"/> <b>ADDITION</b> (\$0.12 per sq. ft.) | <input type="checkbox"/> <b>DECK</b> (\$35 fee)             | <input type="checkbox"/> <b>GARAGE</b> (\$0.12 per sq. ft.)  |
| <input type="checkbox"/> <b>ROOF</b> (\$35 fee)               | <input type="checkbox"/> <b>DOORS</b> (\$35 fee)            | <input type="checkbox"/> <b>SIDING</b> (\$35 fee)            |
| <input type="checkbox"/> <b>POOL</b> (\$35 fee)               | <input type="checkbox"/> <b>FENCE</b> (\$35 fee)            | <input type="checkbox"/> <b>WINDOWS</b> (\$35 fee)           |
| <input type="checkbox"/> <b>OTHER</b> _____                   |   |  |

**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