



# SIGN, AWNING, OR CANOPY PERMIT

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

**PROJECT LOCATION:**

BUILDING OR SITE ADDRESS \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

**SIGN SETBACKS:**

FROM FRONT LINE: \_\_\_\_\_ FT

LEFT LINE: \_\_\_\_\_ FT RIGHT LINE: \_\_\_\_\_ FT

**SIGN, AWNING, AND CANOPY DETAILS:**

Overall Dimensions \_\_\_\_\_

Height Above Ground \_\_\_\_\_

Display Surface Area \_\_\_\_\_

Material Type: \_\_\_\_\_

Illumination: Yes  No  Interior  Exterior  Sign Mount  Ground Mount

Wiring Person or Firm: \_\_\_\_\_ Electrical Permit Issued: Yes No NA

Proof of Insurance: Name of Insurance Provider \_\_\_\_\_

**ATTACH CERTIFICATE OF INSURANCE WITH PERMIT APPLICATION**

**ESTIMATED PROJECT COST :**

COST OF SIGN	+	INSTALLATION COST	=	TOTAL COST OF SIGN AND INSTALLATION
\$ _____		\$ _____		\$ _____

**PERMIT FEE (\$8 PER \$1000 BASED UPON COST OF SIGN AND INSTALLATION**

**MINIMUM OF PERMIT FEE IS \$50.00)** \$ \_\_\_\_\_

**PENALTY IS DOUBLE THE FEE FOR WORK STARTED BEFORE OBTAINING PERMIT**

\$ \_\_\_\_\_

**TOTAL PERMIT FEES (total of all bold items) :**

\$ \_\_\_\_\_

APPROVAL CONDITIONS OR COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

PERMIT ISSUED BY:

NAME: \_\_\_\_\_

CERT. NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT SIGNATURE

INSPECTOR SIGNATURE