



# APPLICATION FOR MAJOR LAND DISTURBING 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](mailto:bmccarthy@antigo-city.org)

**PERMIT FEE: \$100**

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

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

**PROJECT DESCRIPTION :** \_\_\_\_\_  
\_\_\_\_\_

**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