BUILDING PERMIT APPLICATION

CITY OF ANTIGO BUILDING AND ZONING DEPT
700 EDISON STREET, ANTIGO, WI 54409
BUILDING/ZONING ADMIN: BETH MCCARTHY bmccarthy@antigo-city.org
BUILDING/ZONING ADMIN ASST: TERRY KUBIACZYK tkubiaczyk@antigo-city.org
PHONE: 715.623.3633 x134/120

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

PROJECT LOCATION: _____

PROJECT TYPE AND FEES: (MINIMUM $40 FEE)

- ☐ **NEW** ($0.25 per sq. ft.)
- ☐ **ADDITION** ($0.15 per sq. ft.)
- ☐ **ROOF** ($40 fee)
- ☐ **PERMANENT POOL** ($100 fee)
- ☐ **OTHER**_____
- ☐ **REPAIR** ($0.15 per sq. ft.)
- ☐ **FENCE** ($40 fee)
- ☐ **DOORS** ($40 fee)
- ☐ **WINDOWS** ($40 fee)
- ☐ **REMODEL** ($0.15 per sq. ft.)
- ☐ **GARAGE** ($0.12 per sq. ft.)
- ☐ **SIDING** ($40 fee)
- ☐ **> 16' DECK** ($60 fee)
- ☐ **< 16' DECK** ($40 fee)

PROJECT DESCRIPTION: _____

PROJECT COST: $_____ **SQ. FOOTAGE OF PROJECT**: _____

OWNER'S INFORMATION:

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

CONTRACTOR'S INFORMATION:

BUSINESS NAME: _____ CONTRACTOR'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____ PHONE #: _____

CONTRACTOR CREDENTIAL #: _____ QUALIFIER #: _____

CALL FOR INSPECTION: 715.623.3633 EXTENSION 134 OR 120

_____ _____

APPLICANT SIGNATURE INSPECTOR SIGNATURE