# PLUMBING 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** ($0.10 per sq. ft.) ☐ **REMODEL** ($0.10 per sq. ft.) ☐ **ADDITION** ($0.10 per sq. ft.)
☐ **DRAIN LINE ALTERATIONS** ($40 fee) ☐ **WATER LINE ALTERATIONS** ($40 fee)
☐ **SINGLE FIXTURE INSTALLATION** ($40 fee) ☐ **WATER HEATER** ($40 fee)
☐ **WATER CONDITIONER** ($40 fee) ☐ **WATER/SEWER LATERAL** ($60 fee)
☐ **CROSS CONNECTION CONTROL ASSEMBLY** ($40 fee) ☐ **OTHER**_____

**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