RAZING PERMIT APPLICATION UTILITY RELEASE FORM

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

PERMIT APPLICANT: _____

ADDRESS OF BUILDING TO BE RAZED: _____

The undersigned hereby acknowledges that services to the following building/buildings have been disconnected on the date indicated.

WATER UTILITY	Signed_____
	Date of disconnect _____/_____/_____
ELECTRICAL UTILITY	Signed_____
	Date of disconnect _____/_____/_____
TELEPHONE UTILITY	Signed_____
	Date of disconnect _____/_____/_____
GAS UTILITY	Signed_____
	Date of disconnect _____/_____/_____
CABLE TELEVISION	Signed_____
	Date of disconnect _____/_____/_____

APPLICANT'S SIGNATURE	Signed _____
	Date _____/_____/_____
INSPECTOR'S SIGNATURE	Signed_____
	Date _____/_____/_____

PLEASE INCLUDE THIS RELEASE FORM WITH THE APPLICATION FOR A RAZING PERMIT