SIGN, AWNING, OR CANOPY 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

PERMIT FEE: $60

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 ☐

Name of Insurance Provider_____

ATTACH CERTIFICATE OF INSURANCE WITH PERMIT APPLICATION

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