



SIGN, AWNING OR CANOPY PERMIT

CITY OF ANTIGO BUILDING INSPECTOR AND ZONING ADMINISTRATOR
700 EDISON STREET, ANTIGO, WISCONSIN 54409
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rmusolff@antigo-city.org

ALL INFORMATION MUST BE PRINTED AND LEGIBLE

PERMIT EXPIRES _____

PERMIT NUMBER _____

OWNER NAME _____

CONTRACTOR: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____

PHONE: _____

PROJECT LOCATION:

BUILDING OR SITE ADDRESS _____

SIGN SETBACKS:

FROM FRONT LINE: _____ FT

ZONING DISTRICT: _____

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 NA

Proof of Insurance: Name of Insurance Provider _____

ATTACH CERTIFICATE OF INSURANCE WITH PERMIT APPLICATION

ESTIMATED PROJECT COST :

COST OF SIGN INSTALLATION COST TOTAL COST OF SIGN AND INSTALLATION
\$ _____ + \$ _____ = \$ _____

PERMIT FEE (\$8 PER \$1000 BASED UPON COST OF SIGN AND INSTALLATION

MINIMUM OF PERMIT FEE IS \$50.00) \$ _____

PENALTY IS DOUBLE THE FEE FOR WORK STARTED BEFORE OBTAINING PERMIT \$ _____

TOTAL PERMIT FEES (total of all bold items) : \$ _____

APPROVAL CONDITIONS OR
COMMENTS:

PERMIT ISSUED BY:

NAME: _____
CERT. NUMBER: _____
DATE: _____

APPLICANT SIGNATURE

INSPECTOR SIGNATURE