MADISON COUNTY BUILDING PERMIT APPLICATION FORM

PERMIT #: __________________ DATE ______________ ZONING __________________

TOWNSHIP __________________ PARCEL NO. __________________

911 ADDRESS __________________ CONSTRUCTION COST __________________

TYPE OF IMPROVEMENT __________________

OWNER __________________

ADDRESS __________________

CITY/STATE/ZIP __________________

PHONE __________________

E-MAIL ADDRESS __________________

GEN. CONTRACTOR __________________

ADDRESS __________________

CITY/STATE/ZIP __________________

PHONE __________________

E-MAIL ADDRESS __________________

SAN. SEWERS Y/N __________________ SEWAGE ENTITY __________________

PRIVATE SEWAGE SYSTEM Y/N __________________ (IF YES, COMPLETE BOX AT BOTTOM)

WATER SUPPLY ENTITY __________________ WATER SERVICE SIZE __________________

UTILITY COMPANY __________________

FLOOD ZONE __________________ ENTRANCE PERMIT __________________

PLUMBER CONTRACTOR __________________ LICENSE # __________________

SEW. DISPOSAL INSTALLER __________________ LICENSE # __________________

ROOFER __________________ LICENSE # __________________

SIGNATURE OF OWNER OR THE AUTHORIZED AGENT __________________

PERMIT FEES
BLGD. FEES __________________ ADDITION FEE __________________

ELECTRICAL FEE __________________ ACCESSORY BLGD. FEE __________________

PLUMBING FEE __________________ C OF O/COMPLETION FEE __________________

SEW. DISPOSAL SYSTEM FEE __________________ REPAIR AND ALT. FEE __________________

TOTAL FEES __________________

Complete for Applications that include a Private Sewage System:

Private Sewage Disposal System: New __________ Replacement __________ Modification __________

Type: Aeration __________ Sand Filter __________ Septic __________ Lot Size __________

Size of Septic Tank: __________ Garbage Disposal (Y/N) __________

Aeration Manufacturer and Model __________________

Discharge Permit (Y/N) __________________ Perculation Test (Y/N) __________________

(Aeration or sand filter: must fill out a discharge permit. Perculation tests for all laterals must also be submitted)

Lateral Type:
A) Gravel __________ Width __________ Lineal Feet __________

B) Chamber __________ Size __________

C) Gravelless __________ 8” __________ 10” __________

* All lots must be a minimum of 40,000 square feet per the Madison County Zoning Ordinance.