



TOWN OF MADISON
 120 NORTH MARKET STREET
 MADISON, NORTH CAROLINA 27025
 PLANNING, ZONING & INSPECTIONS DEPARTMENT
 336-427-5045 ♦ aroberts@townofmadison.org



PERMIT APPLICATION

(For All Trades)

Project Address: _____

Owner Name: _____ **Owner Phone:** _____

Contractor Name: _____ **State License #:** _____

Contractor Mailing: _____ **Phone:** _____

Permit Type (*select one*):

Applications for commercial construction must be submitted with site plan and two original sealed engineered plans.

- | | | | |
|-----------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Code Compliance | <input type="checkbox"/> ABC Compliance | |

Building Permit Applications for new construction where Town water and/or sewer is unavailable must be accompanied by a well and/or septic permit from the Rockingham County Health Department before issuance.

Type of Work: New Remodel/Upfit Demolish Other

Provide specific permit trade information:

Building: Dimension: _____ Sq. Ft. _____ Cost: _____

Mechanical Unit Size: _____ **Plumbing Fixture Count:** _____

Electrical Panel/Receptacle/Fixture Count: _____

Describe in DETAIL Proposed Work: _____

I hereby certify that to the best of my knowledge, the information contained on this application, on such plans as submitted is true and accurate and that all work shall comply with all codes, ordinances and laws of the Town of Madison and the State of North Carolina regulating this project, building, and/or land. I agree to notify the Inspection Department of any changes in the approved plans and specification for the project permitted herein.

 Owner/Agent

 Date

Permit Fee: _____