



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



ZONING COMPLIANCE APPLICATION

BUSINESS INFORMATION

Business Name: _____

Business Owner(s): _____

Proposed Use: _____

Business Physical Address: _____

Business Mailing Address _____

Phone: _____ Email: _____

CONTACT INFORMATION

Contact Name: _____

Contact Address: _____

Phone: _____ Email: _____

I do hereby certify that all information given above is true, complete and accurate to the best of my knowledge.

Applicant

Date

OFFICE USE ONLY

Zoning District: _____ Permitted Use: ____ Yes ____ No

Approved by: _____ Date: _____

WATER AND SEWER SERVICES SHALL NOT BE CONNECTED UNTIL THIS ZONING COMPLIANCE APPLICATION IS APPROVED AND A PAYMENT OF \$10.00 IS SUBMITTED TO THE FINANCE DEPARTMENT.