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

☐ Building ☐ Mechanical ☐ Electrical ☐ Plumbing

☐ Sign ☐ Code Compliance ☐ 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: _____