

BUILDING PERMIT# _____

JURISDICTION OF THE CITY OF MADISONVILLE

Applicant to complete numbered spaces only.

Job Address _____

Legal Description	Blk. No.	Tract	
Owner	Mail Address	Zip	Phone
Contractor	Mail Address	Zip	Phone
Architect or Designer	Mail Address	Zip	Phone
Engineer	Mail Address	Zip	Phone

Use of Building _____

Class of Work: New Addition Alteration Repair Move Remove

Describe Work: _____

Valuation of Work:\$ _____ Plan Check Fee _____ Permit Fee _____

Special Conditions:

_____	Type of Const. _____	Occupancy Grp. _____
_____	Size of Bldg _____	No. Of Stories _____
_____	Fire Zone _____	Use Zone _____
_____	No. of Units _____	Parking Spaces _____

Application Accepted by _____ Plans Checked by _____ Approved for Issuance by _____

NOTICE

Separate Permits are required for electrical, plumbing, heating, ventilating or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified, herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Special Approvals Required Receive

Zoning _____
 Health Dept _____
 Fire Dept _____
 Soil Report _____
 Other (Specify) _____

FLOOD ZONE:

ZONE A _____
 X _____
 AE _____

Sewer: _____
 Depth: _____

 Signature of Contractor or Authorized Agent Date

 Signature of Owner (If Owner Builder) Date

Amount Paid _____
 Check or Cash _____
 Check Number _____
 Receipt Number _____
 Date of Payment _____
 Clerk's Initials _____