PROJECT CHECKLIST

PIN: _____
Address: _____
Name: _____
Phone: _____
E-mail: _____

*** Complete in order ***

1. COUNTY PLANNING (*Room 15*):

[ ] Compliant with LUO
[ ] Compliant with MRPO
[ ] Compliant with WSPO
[ ] Compliant with FDP

Signature: _____ *Date:* _____

1a. Town Planning:

[ ] Compliant with Town Ordinances
[ ] Water
[ ] Sewer

Signature: _____ *Date:* _____

2. ENVIRONMENTAL HEALTH (*Room 26*):

[ ] New system *Proposed BRs:* _____
[ ] Repair / Expand existing system *Current BRs:* _____ *Proposed BRs:* _____
[ ] Septic Construction Authorization *Date:* _____ *Initial:* _____
[ ] Operation Permit Issued *Date:* _____ *Initial:* _____
[ ] AOWE / EOP *Proposed BRs:* _____
[ ] Other: _____

Signature: _____ *Date:* _____

3. MAPPING (*Room 24*):

[ ] Map printout with driveway accurately noted
[ ] Complete entire Address Request Form including e-mail address
[ ] Address assigned: _____

Signature: _____ *Date:* _____

4. SOLID WASTE (*271 Craig Rudisill Road, Marshall, NC*):

[ ] Determine solid waste management requirements
[ ] Plan for waste disposal and recycling facilities
[ ] Trash card

Signature: _____ *Date:* _____

5. BUILDING INSPECTIONS (*Room 19*):

[ ] Examine building plans for code compliance
[ ] Schedule and perform required inspections during construction
[ ] Issue certificate of occupancy upon project completion

Signature: _____ *Date:* _____

LAND USE PERMIT APPLICATION

PIN: _____
Address: _____

APPLICANT INFORMATION

Name: _____ **Phone Number:** _____
Mailing Address: _____ **E-mail Address:** _____

PROPERTY INFORMATION:

Zoning District (check one)

	A-O Agriculture-Open Space		R-A Residential-Agricultural		R-1 Residential District
	R-2 Residential Resort District		N-C Neighborhood Commercial		CMU Commercial Mixed Use
	C Commercial District		I-D Industrial District		R-B Retail Business District

Overlay District (check all that apply)

	F-P Flood Plain District		PR Protected Ridge		WS-II Watershed District

Dimensional

Lot Size		Lot Width		Lot Coverage Percentage	

Structural

Lot Size		Lot Width		Lot Coverage Percentage	
Current Use		Proposed Use		Accessory Structures	
Elevation		Building Height			

CERTIFICATION

If the requested permit is granted, I/we, the undersigned, agree to conform to all Madison County Ordinances, North Carolina Statutes and all applicable Codes. I/we agree to meet or exceed all health, construction, safety and fire standards. I/we hereby certify that the above information and foregoing statements are true and correct.

Signature of Applicant: _____ **Date:** _____
Signature of Co-Applicant: _____ **Date:** _____

Signature: _____ *Date:* _____

SITE PLAN SUBMSSION

PIN: _____
Address: _____

SITE PLAN SUBMISSION REQUIREMENTS:

This Site Plan form is a mandatory component of the Land Use Permit Application process. It is essential to assign a property address to a proposed structure, determine county land use requirements, and apply for a well and/or septic permit. Evaluation by the Madison County Environmental Health Department and address assignment can only proceed once this form has been completed satisfactorily.

SITE PLAN TECHNICAL REQUIREMENTS:

1. Property lines with dimensions and orientation to streets, roads, and driveways (include North arrow)
2. Proposed structure location(s), including decks, walkways, garages, pools, or other structures including dimensions
3. Driveway location(s) and identification of primary access for addressing purposes
4. Preferred sites for septic system with dimensions and setbacks noted
5. Location of existing and proposed wells, including those on adjacent properties, if known
6. All surface water bodies such as springs, creeks, ponds, reivers, streams, wetlands, etc.
7. Existing or proposed easements, encroachment agreements and/or rights of way
8. Location of existing or proposed chemical or petroleum storage tanks, whether above or below ground

**** PLEASE ATTACH A SITE PLAN DRAWING WHICH SATISFIES ALL OF THE FOREGOING REQUIREMENTS ****

CERTIFICATION

I/we, the undersigned, certify that the information provided in connection with this proposed Site Plan and related application is accurate and that I/we have included all the required items in the Site Plan. I understand that any changes may void this Site Plan and related application.

Signature of Applicant: _____ **Date:** _____
Signature of Co-Applicant: _____ **Date:** _____

APPLICATION FOR MANUFACTURED HOME BUILDING PERMIT
MADISON COUNTY INSPECTIONS



OWNER_____ **DATE**_____

MAILING ADDRESS_____ **TELEPHONE**_____

BUILDING LOCATION/DIRECTIONS_____

_____

PIN NUMBER_____ **ACREAGE**_____ **ZONING CLASSIFICATION**_____

TOWN JURISDICTION Y___N___ **TOWNSHIP**_____

USE OF PROPERTY-CIRCLE ONE **OWNER OCCUPIED** **RENTAL** **SALE**

TYPE: SINGLEWIDE_____ **DOUBLEWIDE** _____ **TRIPLEWIDE** _____

YEAR MAKE _____ **MFR** _____ **MODEL**_____

LENGTH_____ **WIDTH**_____ **# BEDROOMS**_____ **BATHROOMS**_____

TOTAL SQ FT._____ **ESTIMATED COST** _____

PERMIT COST: **BUILDING** _____ **ZONING** _____ **TOTAL** _____

MOBILE HOME DEALER_____ **LICENSE NO.**_____

Contact Number _____ **Address** _____

SETUP CONTRACTOR _____ **LICENSER NO.** _____

Contact Number _____ **Address** _____

GENERAL CONTRACTOR _____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

SUBCONTRACTORS:

ELECTRICAL CONTRACTOR_____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

PLUMBING CONTRACTOR_____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

MECHANICAL CONTRACTOR_____ **LICENSE NO.**_____

Contact Number _____ **Address**_____

SETUP BOND PROVIDED IN ACCORDANCE WITH **N.C.G.S. 143-139.1** _____

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable State and local laws and regulations.

_____ _____ _____

Signature **Date** **Printed name**

APPROVED BY:_____ **DATE**_____ **PERMIT NUMBER:**_____

ELECTRICAL

AMPERE SERVICE:_____

TYPE: UNDERGROUND_____ OVERHEAD_____

PREMISE OR ACCOUNTY NUMBER: _____

French Broad Electric _____
Progress Energy _____
Haywood Electric_____

PLUMBING

NUMBER OF FIXTURES:_____

SEPTIC APPROVED FOR _____NUMBER OF BEDROOMS

Septic (new) _____
Septic (existing) _____
Town Sewer _____

HEATING

TYPE OF HEAT: Electric_____

Gas: LP _____Natural _____

Oil _____

FIREPLACE: Yes _____ No _____

MADISON COUNTY INSPECTIONS AND ZONING

Before you call for any inspection please make sure that your manufacturer's setup manual is present at the time of inspection.

- Marriage wall connections and fasteners per manufacturers setup manual. Do not cover up end walls.
- All piers are installed, tie down straps and anchors installed and comply with manufacturers setup manual
- Water and sewer lines installed to State Code. Insulate the water line above ground except in crawl spaces when masonry underpinning is used.

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- Install vapor barrier on the ground in the crawl space where required.
- All electrical work must be completed to current National Electric Code.
- All porches, steps, and decks installed per the N.C. Residential code for decks.
- All heating and air-conditioning work including cross over ducts is completed per State Code.
- The home must have positive drainage under the home so that no water can run underneath the home. Please make sure that water is running away from the home.

The undersigned affirms that all requirements will be met and all codes will be followed.

Name _____ Date _____

Signature _____