

MADISON COUNTY
APPLICATION FOR PLUMBING PERMIT



Building Owner: _____ Phone #: _____

Address: _____

Contractor: _____ Phone #: _____

Address: _____

Lic. No.: _____ Fax #: _____

DESCRIBE IN DETAIL HOW LOCATION CAN BE REACHED

SCOPE OF WORK TO BE PREFORMED: _____

No. of Fixtures: _____

Permit Fee: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK AND AGREES TO COMPLY WITH ALL CODES AND LAWS APPLICABLE TO THE WORK.

Signature of Applicant: _____

Permit Granted By: _____

Permit No.: _____

Date: _____

NOTE: THIS APPLICATION BECOMES A PERMIT ONLY WHEN VALIDATED AND APPROVED.

REMARKS: