



Madison County Permits and Zoning

COMBINATION PERMIT

Owner Name: _____ Phone Number: _____

Job Address & Directions: _____

Scope of Work to be Performed: _____

TRADES INCLUDED: Electrical Plumbing HVAC

Contractor #1: _____ License #: _____

Phone Number: _____ Fax #: _____

Address: _____ City: _____ State: _____

Contractor #2: _____ License #: _____

Phone Number: _____ Fax #: _____

Address: _____ City: _____ State: _____

Signature of Applicant: _____

Permit Fee: _____ Permit Granted By: _____

Permit No.: _____ Date: _____

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

Remarks:
