

## Madison County Property Improvement Check List

Property Owner: \_\_\_\_\_ Previous Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Department	Initial	Date	Township	MA Number
Tax Assessor				
Parent Pin			Temp Pin	
Street Name of Property				
Vacant Property	Yes	No	Notes	

Town Limits?	Water?		Sewer		
Yes	No	Yes	No	Yes	No
Zoning					

Town Signature: \_\_\_\_\_

Department	Initial	Date	Special Notes
Environmental Health			

Department	Initial	Date	Special Notes
911 Center			
Fixed Address			

Department	Initial	Date	Disposal Card	
Solid Waste				
Disposal Card			Town of	

Department	Initial	Date	Residential	Commercial
Building Inspections				
Zoning				

Revised: 04/07/2014

Property Owners: \_\_\_\_\_ Phone: \_\_\_\_\_

**Madison County  
Application for Zoning Permit**



**Applicant/Owner Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Property Information:**

PIN#: \_\_\_\_\_ LOT SIZE (acreage): \_\_\_\_\_

Property Address: \_\_\_\_\_

**Zoning Classification:**     RA                     C                     A-O  
    N-C                     R-1                     R-2  
    I-D                     CMU

**Flood Plain:**

Floodplain:  Y     N

**Watershed:**

Watershed:  Y     N

**Protected Ridge:**  Y     N

**Setbacks:**

**Please provide a property map showing the location of your project with the setbacks marked.**

**New Construction Dwelling**

15' side setback

20' rear

40' front

**Accessory Structure**

10' side and rear property line

20' street or highway right of way

There shall be a 30' setback from all creeks in the Watershed District.

**NOTES:**

**Permit #:** \_\_\_\_\_

**Certifications:**

If a permit is granted I/We the undersigned agree to conform to all county ordinances and codes. Furthermore we agree to meet all state mandated standards such as health, building safety, and fire. I hereby swear that the above information is truthful and accurate to the best of my understanding.

**Signature of 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.
- 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 \_\_\_\_\_