## MADISON COUNTY RURAL DEVELOPMENT



101 West Main – Suite B-13 Madisonville, TX 77864 (936)348-3810 Fax (936)348-6614



shelly.butts@madisoncountytx.org

## **ELECTRIC SERVICE PERMIT**

Name of Owner:	Phone:			
Mailing Address:	City & Zip:			
Name of Applicant:	Relationship:	Phone:		
Mailing Address:	City & Zip:			
911 Address (if different)	:			
This electrical connection	will serve: (Please check all that apply)	□ Existing Residence		
□ Barn □ Water Well	□ New Construction □ Mobile Home	□ Other		
(Please check electric provider and indicate whether temporary or permanent service is needed now)				
$\Box$ Temp or $\Box$ Perm	□ Entergy □ Mid-South □ Houstor	County Acct #:		
Name on Electrical Billing	g Account:			
PLEASE READ!	\$30.00 fe	e due at time of application*.		

I,  $\Box$  as owner /  $\Box$  applicant having authority to act on behalf of the owner, understand in the process of applying, I am stating that I will follow current state and county development regulations and will meet inspections guidelines. I understand in the process of applying that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Madison County to enter upon the above-described property for the purpose of lot evaluation and inspection of the development.

Signature of Owner			Signature of Applicant	
SEPTIC APPLICATION COMPLIANCE:				
Status:	Signature:		Date:	
(Madison County Septic Inspector's signature is required on the above line for verification of compliance PRIOR TO SUBMITTING THIS FORM TO OUR OFFICE. Please contact Chase Manning at 936-349-6201 for his signature.)				
FOR OFFICE USE ONLY: FLOODPLAIN REVIEW & CLEARANCE:				
Date of Review:	Determination:		Initials of Reviewer:	
Verification of 9-1-1	address	_ Date Verified_		
ELECTRICAL SERVICE PROVIDERS				
□ ENTERGY	$\Box$ MID SOUTH SYNERGY $\Box$	HOUSTON CO- OP	OTHER	
PERMIT#	DATE ISSUED:		ſP □ PERM	
CHECK NO:	DATE PAID:	NOTES	:	

\*Payments must be made in the form of exact amount of cash, check, or money order.