

MADISON COUNTY RURAL DEVELOPMENT



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



shelly.butts@madisoncountytexas.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)

Temp or Perm Entergy Mid-South Houston County Acct #: _____

Name on Electrical Billing Account: _____

PLEASE READ!

\$30.00 fee due at time of application*.

I, as owner / 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.

Madison County is not responsible for any Deed Restrictions, HOA's, or other Conditions that may apply to your situation.

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 936-241-6200, Ext. 1220 to obtain that 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 MID SOUTH SYNERGY HOUSTON CO- OP OTHER _____

PERMIT# _____ DATE ISSUED: _____ (TEMP (PERM _____

CHECK NO: _____ DATE PAID: _____ NOTES: _____

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