

# MADISON COUNTY RURAL DEVELOPMENT



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## 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.

\_\_\_\_\_  
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 936-349-6102 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 ( 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.