

MADISON COUNTY RURAL DEVELOPMENT



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



shelly.butts@madisoncountytexas.org

ELECTRIC SERVICE PERMIT

Name of Current Owner: _____ Phone: _____

Name of Applicant: _____ Relationship: _____ Phone: _____

Mailing Address: _____ City & Zip: _____

Email Address: _____

Physical Address (9-1-1 Address for new service): _____

What will this electrical connection serve? _____

Choose one type of service: ___Temp Pole or ___Permanent Connection

Select Provider: ___Entergy ___Mid-South ___Houston County ___Navasota Electric

Electric Account # _____ Name on Electrical Billing Account: _____

SEPTIC INFORMATION (Completed by County Official): Septic Permit Required? ___Yes ___No

Installer: _____ Septic Inspector's Signature: _____ Date: _____

(Madison County Septic Inspector's signature is required on the above line for septic requirement verification PRIOR TO SUBMITTING THIS FORM TO OUR OFFICE. Please contact 936-241-6200, Ext. 1220 to obtain that signature.)

\$30.00 cash, check or money order payable to Madison County is due at the 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, including septic requirements, and will meet inspections guidelines. I certify that the information I have provided is true and correct to the best of my knowledge. I authorize Madison County Representatives to enter upon the above-described property for the purpose of lot evaluation and inspection of the development. Applications may be closed without a permit issued for failure to meet development guidelines within six (6) months of fee receipt date. Approved permits are valid for a period of one (1) year from date of issuance.

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

Signature of Owner

Date

Signature of Applicant

Date

FOR OFFICE USE ONLY:

FLOODPLAIN REVIEW: Determination: _____ Date of Review/Initials: _____

911 ADDRESS VERIFICATION: Date Verified: _____ Initials: _____

ELECTRICAL COMPANY NOTIFICATION: PERMIT# _____ ISSUED: _____

TEMP PERM ENTERGY MID SOUTH SYNERGY HOUSTON CO- OP OTHER _____

CHECK NO: _____ DATE PAID: _____ NOTES: _____