



MADISON PLANNING & DEVELOPMENT
Building Office – Permits & Inspections
 132 N. Main Street, City Hall, High Street Entrance
 Madison, Ga 30650 706-342-1251 x226 fax 706-342-3454

As of June 1, 2015, Madison will be responsible for all new permits and associated inspections for construction and land disturbance within the city limits. You will likely recognize the permit forms and fees, as we have opted to mirror the prior system for a few months to reduce changeover complications. We appreciate your patience during this transition.

Land Disturbance Permit Application

APPLICATION MUST BE COMPLETED IN FULL, PARTIAL APPLICATIONS WILL BE RETURNED

Date: _____

Jurisdiction:

_____ Morgan County _____ City of Rutledge _____ Town of Buckhead
 _____ City of Madison _____ City of Bostwick

Project Information:

Project Name: _____

Project Address: _____

Nearest Address or Cross Street: _____

Tax Map: _____ **Parcel:** _____

Total Acreage: _____ **Total Acreage Disturbed:** _____

Proposed project to be constructed:

_____ Commercial Development _____ Recreational Development _____ Residential Lot
 _____ Industrial Development _____ Farm Pond _____ Agricultural Clearing
 _____ Residential Development _____ Recreational Pond _____ Other

Explain Other: _____

Are there any existing structures on the property? _____ Yes _____ No

Type of existing structures on property: _____

Is the property in a ground water recharge area? _____ Yes _____ No

Does the property contain wetland areas? _____ Yes _____ No

Is the property in a water supply water shed? _____ Yes _____ No

Water Shed: _____

Is there a flood plain on the property? _____ Yes _____ No

FIRM Map Panel: _____

Are there state waters within 200 feet of the property? _____ Yes _____ No

Type Water Source: (Check all that apply)

_____ River _____ Lake _____ Pond _____ Creek _____ Stream _____ Spring _____ Branch

Owners Information:

Name: _____

Physical Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

24 Hour Contact and Phone Number: _____

Fax: _____ E-mail: _____

Design Professional Information:

Company Name: _____

Physical Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ 24 Hour Phone: _____

Fax: _____ E-mail: _____

Contact Name: _____

Daytime Phone: _____ Fax: _____

E-mail: _____ Certification Number: _____

Contractor Information:

Company Name: _____

Physical Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ 24 Hour Phone: _____

Fax: _____ E-mail: _____

24 Hour Contact Name: _____

Daytime Phone: _____ Fax: _____

24 Hour Phone: _____ E-mail: _____

Certification Number: _____