

Board of County Commissioners Madison County, Florida

COUNTY COMMISSIONERS

- Dist. 1 **Ricky Henderson** • 850-973-4663
565 NE Yellow Pine Ave • Madison FL 32340
- Dist. 2 **Wayne Vickers** • 850-929-4555
PO Box 74 • Pinetta FL 32350
- Dist. 3 **Ronnie L. Moore** • 850-948-2043
6513 NW Lovett Rd • Greenville FL 32331



Madison County is an Equal Opportunity Employer

COUNTY COMMISSIONERS

- Dist. 4 **Alfred Martin** • 850-464-4516
PO Box 264 • Madison FL 32341
- Dist. 5 **Roy Ellis** • 850-971-5864
6156 SE Farm RD • Lee FL 32059

MADISON COUNTY BUILDING DEPARTMENT

Phone 850-973-6785 • Fax 850-973-6727
madisonbldg@earthlink.net
www.madisoncountyfl.com

PERMIT REQUIREMENTS CHECKLIST

RESIDENTIAL BUILDING

- COPY OF RECORDED DEED
- ZONING COMPLIANCE FORM
- PAYMENT OF DEVELOPMENT FEES
 - \$200.00 - NEW CONSTRUCTION
 - \$150.00 - MOBILE HOME
- BUILDING APPLICATION
- BUILDING PLANS (TWO SETS)
- NOTICE OF COMMENCEMENT
- FLORIDA ENERGY CODE FORM (TWO COPIES)
- WIND LOAD ANALYSIS (TWO SETS)
- SITE PLAN
- 911 ADDRESSING APPLICATION
- DRIVEWAY PERMIT
- SEPTIC TANK PERMIT
- OWNER / BUILDER AFFIDAVIT (IF APPLICABLE)
- DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL

ZONING COMPLIANCE REQUEST FOR DEVELOPMENT PERMIT

PROPERTY OWNER: _____
 PARCEL ID# _____ #OF ACRES: _____
 SUBDIVISION: _____ LOT: _____ BLOCK: _____ UNIT: _____
 PROPERTY ADDRESS: _____

PURPOSE OR INTENT: _____
 NEW CONSTRUCTION: _____ MOBILE HOME: _____
 # OF EXISTING RESIDENE(S) ON PROPERTY: _____

OWNER/or OWNER'S AGENT SIGNATURE: _____

CONTACT PHONE # _____

THIS SECTION IS TO COMPLETED BY STAFF ONLY

ZONING: _____ DENSITY ALLOWANCE: _____
 FLOOD ZONE: _____ FEMA MAP NUMBER: _____
 ELEVATION CERTIFICATION REQUIRED _____ YES _____ NO
 SITE PLAN REQUIRED: _____ YES _____ NO
 ADDITIONAL COMMENTS / INFO REQUESTED OR PROVIDED:

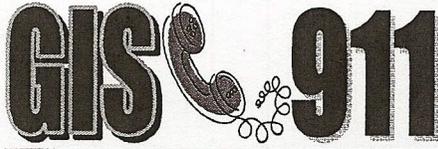
LAND DEVELOPMENT REGULATION COMPLIANCE: _____ YES _____ NO
 DEVELOPMENT FEE: \$ _____ PAYMENT TYPE: _____ CHECK _____ CASH

AUTHORIZED SIGNATURE: _____ DATE: _____

DISCLAIMER:

THIS IS TO ADVISE YOU THAT THE ABOVE NAMED PROPERTY OWNER IS IN COMPLIANCE WITH THE DENSITY REQUIREMENTS OF MADISON COUNTY COMPREHENSIVE LAND USE REGULATIONS AS OF DATE ABOVE.
PLEASE NOTE: ALL OTHER PERMITS REQUIRED MUST STILL BE OBTAINED.

DEVELOPMENT	
PERMIT NUMBER:	
RECEIPT NUMBER:	



Addressing Office

229 SW Pinckney St. Rm. 210 • Courthouse Annex • Madison FL 32340

Phone 850-973-1454 • Fax 850-973-3659

In accordance with the countywide 911 addressing policy, an application for a new address must be filed with each building permit. This will help to establish a standard for assigning numbers to all dwellings, principal buildings, businesses, and industries. The addressing assists emergency service agencies, the United States Postal Service, and the public in the timely and efficient provision of services, to all Madison County residents and businesses.

Date _____ New 911 Address _____

Occupant Name _____

Contact Name/Telephone Number _____

Parcel ID Number _____ - _____ - _____ - _____ - _____

New Street Name _____

Will this be used as a mailing address (USPS) ? _____ yes _____ no

Power Service: _____ TCEC _____ PROGRESS ENERGY

Comments (for office use only)

Date of GPS _____

Date Completed _____

Completed By: _____

Attention: 911 address numbers **must** be posted at the driveway entrance for the structure **before** the **final** building inspection!

* Address numbers should be 4" or larger, be displayed by the driveway entrance and be visible from **both directions**.

** Commercial numbers should be 6" or larger.

*** **Progress Energy** requires that the address number **also** be posted on the structure **before power will be turned on**.

NOTICE OF COMMENCMENT

State of: FLORIDA

County of: MADISON

City of: MADISON

The undersigned hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

DESCRIPTION OF PROPERTY:

Street Address: _____

Section: _____ Township: _____ Range: _____

Lot: _____ Block: _____

Tax Parcel #: _____ Subdivision: _____

GENERAL DESCRIPTION OF IMPROVEMENT

To Construct: _____

OWNER INFORMATION

Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LENDER INFORMATION

Lender Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: Names: _____

Address: _____

In addition to himself, Owner designates, _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.

Expiration is one (1) year from date of recording unless otherwise specified.

Signature of Owner: _____ Print Name: _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public: _____ My Commission Expires: _____

Signature

Madison County Public Works
2060 NE Rocky Ford (CR 591)
Phone No. 850-973-2156 < Fax 973-2641

To obtain a driveway permit or waiver for a county maintained road contact the Madison County Public Works Department.

No building permit can be issued without the proper waiver or driveway permit being issued.

Fees are: \$15.00 for an existing driveway.
\$50.00 for a new driveway.

(Make checks payable to the Madison County Board of County Commissioners)

If your driveway turns on or off a State maintained road.

Contact: Department of Transportation
850-838-5800
Perry, Florida

List of State Roads:	Description/Location of property (Be specific)
SR 6	_____
SR 145	_____
SR 14 (North of I-10)	_____
SR 53 (North of I-10)	_____
US 90	_____
US 221	_____

Complete the Following Information

Name (owner): _____

Address: _____

(Closest Address :) _____

Contact Information:

Phone No. () _____ / _____

() _____ / _____

Mobile No. () _____ / _____

DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL

DATE _____ PROPERTY ID # _____

NAME _____

ADDRESS _____

BUSINESS NAME _____

ANY CONSTRUCTION RELATED DEBRIS GENERATED DURING THE SCOPE OF THIS PROJECT WILL BE DISPOSED OF AS FOLLOWS:

CHECK THE APPROPRIATE METHOD YOU PLAN TO USE:

COUNTY SUPPLIED TILT DUMPSTER

PRIVATE SUPPLIED TILT DUMPSTER

COMPANY _____ PHONE _____

HAULED BY PROPERTY OWNER TO LANDFILL

(PRINT NAME)

(SIGNATURE)

(DATE)

COUNTY ORDINANCES NO.93-56 NO.96-56 and NO.99-98
PROHIBITS THE DISPOSING OF CONSTRUCTION RELATED
DEBRIS IN THE COUNTY MAINTAINED GREEN BOX PUBLIC
GARBAGE SITES.

WE APPRECIATE YOUR COOPERATION IN ASSISTING US TO ASSURE COMPLIANCE WITH THIS ORDINANCE FOR THE BENEFIT OF THE CITIZENS OF MADISON COUNTY.

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Name (owner): _____

Address: _____

(Closest Address :) _____

Contact Information:

Phone No. () _____ / _____

() _____ / _____

Mobile No. () _____ / _____