

Madison County Property Improvement Check List

Property Owner: _____ Previous Owner: _____

Phone: _____ Cell: _____ Email: _____

Department	Initial	Date	Township	MA Number
Tax Assessor				
Parent Pin			Temp Pin	
Street Name of Property				
Vacant Property	Yes	No	Notes	

Town Limits?	Water?		Sewer		
Yes	No	Yes	No	Yes	No
Zoning					

Town Signature: _____

Department	Initial	Date	Special Notes
Environmental Health			

Department	Initial	Date	Special Notes
911 Center			
Fixed Address			

Department	Initial	Date	Disposal Card	
Solid Waste				
Disposal Card			Town of	

Department	Initial	Date	Residential	Commercial
Building Inspections				
Zoning				

Revised: 04/07/2014

Property Owners: _____ Phone: _____