

**CONTRACTOR REGISTRATION  
FORM**

Registration No. (Office Use Only) \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Daytime Telephone Number: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

Codes enforced by Madison County are SBCCI Mechanical Plumbing, Gas, Building, CABO 1 & 2 Family, and the National Electric Code.

I have received a copy of the Madison County Ordinance requiring registration of contractors. I agree to abide by these regulations subject to the penalties contained in them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please fax back with a copy of your state pocket card\*\*  
Madison County Building Inspection  
(706) 795-5176**