City of Chickasaw
Building Inspection Department
224 N. Craft Hwy
Chickasaw, AL 36611
Phone: (251) 380-8353

Application for Building Permit

Date:_____
Job Site Address:_____
Contractor Name:_____ Lic #:_____
*Current license and insurance information must be registered with the City of Chickasaw or provided with the application.
Primary Contact:_____ Email:_____
Phone:_____

Work description:_____
_____
_____

REQUIRED: Estimated Cost: $_____
Note: Owner furnished equipment, and materials must be included in Estimated Cost.

Have you added the scope of work? Yes_____ No_____
Do you have a current Business License for the City of Chickasaw? YES_____ NO_____
Are you able to provide a copy of your bond for the City of Chickasaw? YES_____ NO_____
HRAP: Drawing of site survey attached to application? IF APPACABLE. YES_____ NO_____

HOMEOWNER

Homeowner's Name:_____ Address: _____
Contact Number: _____

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to confirm with all City Ordinances regulating the installation of mechanical work equipment.

_____ _____
Applicant Signature Date