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

Application for Electrical Permit

Date:_____

Job Site Address:_____

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

Work description:_____
_____
_____
_____
_____
_____
_____

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 electrical work equipment.

_____ _____
Applicant Signature Date