



Chandler Building Commission

401 E Lincoln Ave

Chandler, IN 47610

dballew@townofchandler.org

cell 812 454-1931

Office 812-925-6882 ext. 110

ELECTRICAL PERMIT APPLICATION

\$35.00 Fee

Date _____

Property Owner _____

Address _____ Contact Number _____

Electrical Contractor _____

Company Name _____

Contractor Address _____

Contractor's Phone number _____ Liability Insurance # _____

Cost of Job \$ _____

In Floodplain: Yes _____ No _____

Property Zoning _____

Brief description of work with cost:

Permit will expire six (6) months after its approval date, unless project has been started, substantial completion must occur within one (1) year.

I certify that the information given in this application is, to the best of my knowledge and belief, true and accurate.

Applicant signature X _____ **Date** _____

To be completed by Building Official

Permit issued by: _____ Permit # _____

Signature of Authorized Agent: _____ Date _____
