



**Application For
ELECTRICAL PERMIT
Permit Fee \$35.00**

Town of Chandler Indiana
417 E. Jefferson Street.
Chandler, IN 47610
812-925-7145 office
812-454-1527 cell

****Please complete all information below****

Application Date: _____ Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Inspection Address: _____

Electrical Contractor: _____

Company Name: _____

Contractor's Address: _____

Contractor's Phone#: _____

Brief Description of Work: _____

I certify that the information given in this application, to the best of my knowledge and belief, is true and accurate.
APPLICANT SIGNATURE: _____ DATE: ____/____/____

To be completed by the Director or Planning Commission:
Permit Issued By: _____ Permit # Issued: _____
Signature of Authorized Agent: _____ Date: _____