



Business License Inspection

Business Name _____

Mailing Address _____

Physical Address _____

Contact/Owner Name _____

Business Phone _____ Contact/Owner Phone _____

Type of Business _____

The following is to be completed by the City of Saraland Departments.

Planning

____ Approved ____ Denied

Date: _____ City Planner: _____

Building/Plumbing

____ Approved ____ Denied

Date: _____ Building Inspector: _____

Electrical/Mechanical

____ Approved ____ Denied

Date: _____ Electrical Inspector: _____

Fire

____ Approved ____ Denied

Date: _____ Fire Inspector: _____