

RESIDENTIAL ACCESSORY STRUCTURE

*Permit Application*

*This application must be accompanied by a site plan.*

City of Dothan, Alabama

Permits and Inspections

(334) 615-4450

[permits@dothan.org](mailto:permits@dothan.org)



Applicant/Company Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant Type:                                      Owner -                      *Proof of ownership must be provided.*  
    Contractor -      City License #: \_\_\_\_\_                      State License #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

Property Owner Email Address: \_\_\_\_\_

Job Value: \$ \_\_\_\_\_

*Please initial next to each acknowledging that you have read and agree to comply with these statements.*

\_\_\_\_\_ I understand that placement of the accessory structure must meet the requirements established in [Sec. 114-132\(b\)](#) of the City Code.

\_\_\_\_\_ I understand that the issuance of this permit authorizes the structure as depicted on the approved site plan only. A new site plan must be submitted for approval showing any requested revisions.

\_\_\_\_\_ **I understand that I am responsible for the removal of ALL debris related to this project.**

***I certify that I have read this document and state that the information provided is correct. I agree to comply with all local ordinances and state laws dealing with building construction, and hereby authorize representatives of the City of Dothan to enter the above-mentioned property for inspection purposes.***

Applicant Signature: \_\_\_\_\_

Applicant Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use:*

Zoning Approval:	DATE	IST		
	FEE AMT	PERMIT #		
Engineering Services Approval:	PAYMENT TYPE			
Easement?                      Yes                      No				
Hold Harmless?                      Yes                      No	CK	CC	CA	ES
Building Official Approval:				