

# PLUMBING

## Permit Application

City of Dothan, Alabama  
 Permits and Inspections  
 (334) 615-4450  
[permits@dothan.org](mailto:permits@dothan.org)



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

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

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

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

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

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

Scope of Work: \_\_\_\_\_

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

**Note:** The individual obtaining the plumbing permit shall certify that they have inspected the sewer lateral stub-out to confirm it is free from defects and open to the main sewer line.

**Permit Type:**

Plumbing  
 Sewer  
 Water Tap  
 Lawn Sprinkler

**Building Use:**

1 & 2 Family  
 Apartments  
 Commercial  
 Church  
 Institutional  
 Other

**Class of Work:**

New  
 Alteration  
 Addition  
 Repair

*Please initial that you have read and agree to comply with the following statement.*

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

*For Office Use:*

DATE	IST		
FEE AMT	PERMIT #		
PAYMENT TYPE			
CK	CC	CA	ES