

ROOFING

Permit Application

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



Applicant/Company Name: _____

Applicant Phone Number: _____ Email Address: _____

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

Property Address: _____

Property Owner: _____

Owner Phone Number: _____ Email Address: _____

Job Value: \$ _____

Type of Roof: _____

Existing Roof Pitch: _____

New Roof Pitch, if changing: _____

Is the property located in a historic district? _____
 If yes, Planning and Development approval is required.
 HPC Approval Date _____ or Maintenance Affidavit Signature Date _____

Please initial acknowledging that you have read and agree to comply with this 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