

# SIDING

## 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: \_\_\_\_\_ 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: \$ \_\_\_\_\_

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

Applicant Signature & Date:  
 \_\_\_\_\_

*For Office Use:*

DATE	IST		
FEE AMT	PERMIT #		
<b>PAYMENT TYPE</b>			
CK	CC	CA	ES