

RESIDENTIAL ALTERATION/REPAIR

Permit Application

City of Dothan, Alabama
 Permits and Inspections
 (334) 615-4450
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: \$ _____

Scope of Work: _____

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

_____ I understand that this permit authorizes the "Scope of Work" described above only.

_____ I understand that this permit does not allow for any additional square footage or new structures on the property.

_____ **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:

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



The City of Dothan

Department of Planning and Development

P. O. BOX 2128
DOTHAN, ALABAMA 36302
334-615-4410 (o) · 334-615-4419 (f)
www.dothan.org

*Frank Breaux, AICP
Principal Planner*

*Craig Walden
Building Official*

*Stacy Livingston
Business Svc. Manager*

*Todd L. McDonald, AICP
Director*

Contractor: _____

Address: _____

Scope of Work:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Sign

Date