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