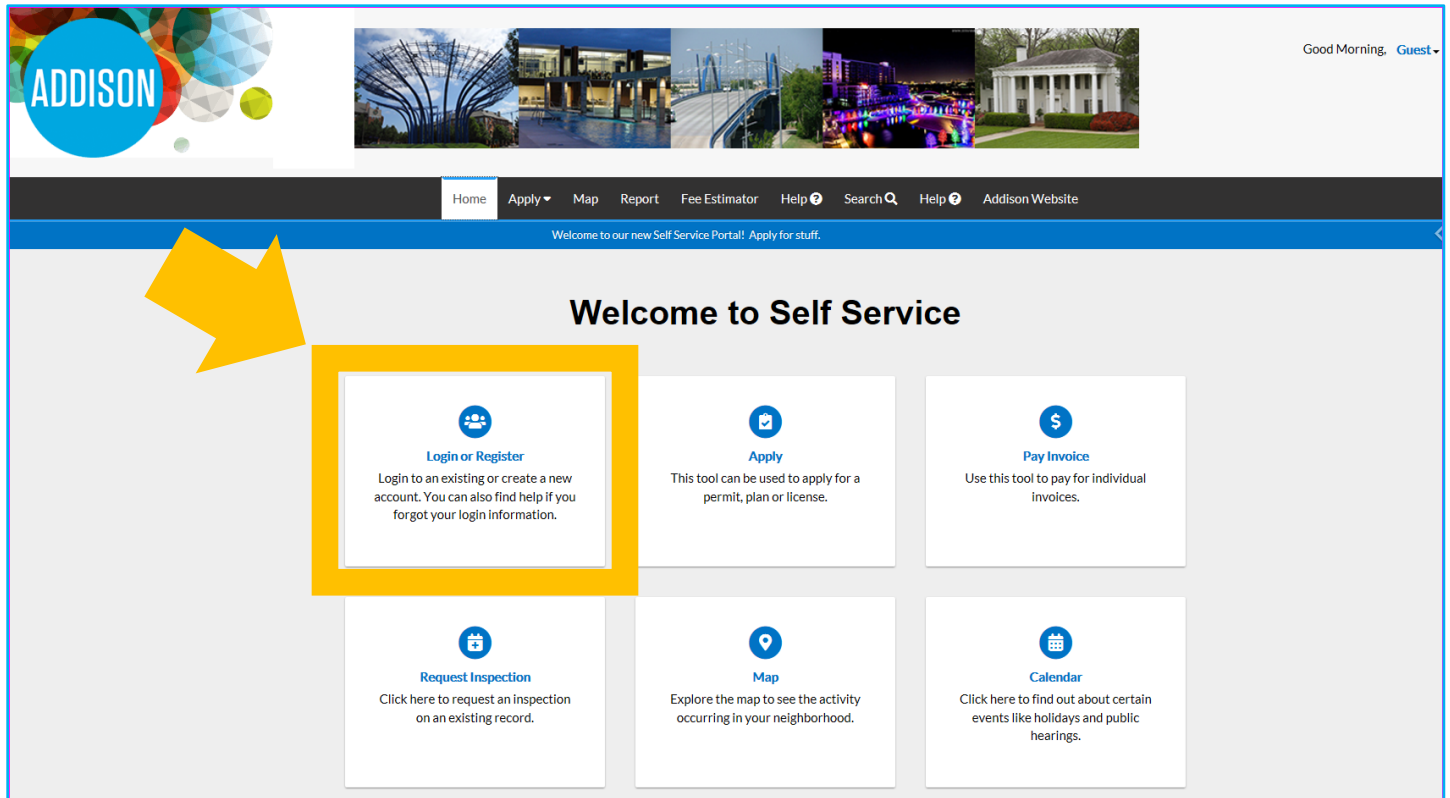
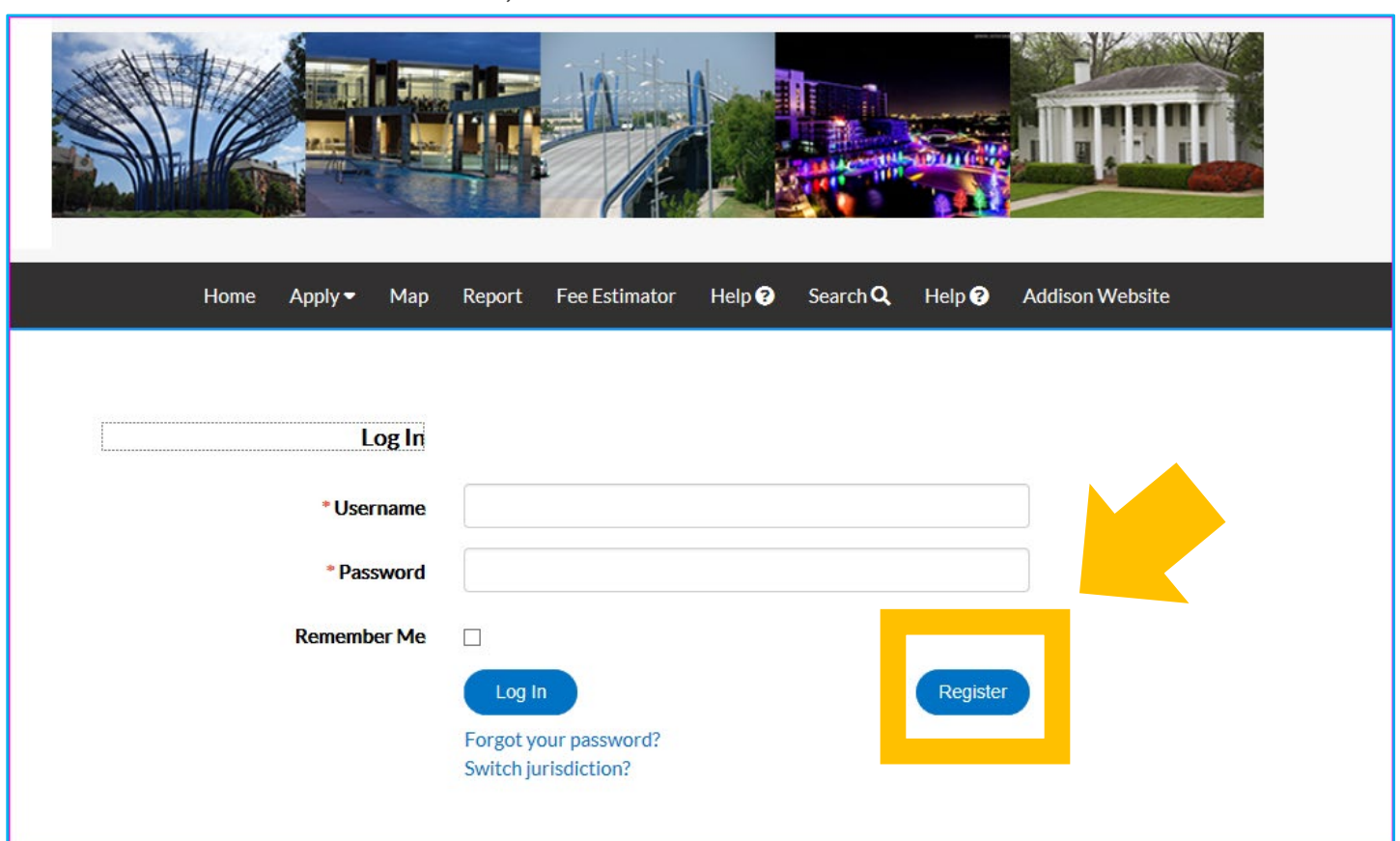


# HOW TO REGISTER IN CITIZEN SELF SERVICE (CSS) PORTAL


**STEP 1.** FROM THE CSS HOME PAGE, CLICK THE LOGIN OR REGISTER ICON.



**STEP 2.** ON THE LOG IN PAGE, CLICK REGISTER.



### STEP 3. ENTER YOUR EMAIL ADDRESS AND CLICK NEXT.



[Home](#) [Apply](#) [Map](#) [Report](#) [Fee Estimator](#) [Help](#) [Search](#) [Help](#) [Addison Website](#)

#### Registration

**Step 1 of 3: Email Address**

Thank you for registering to use the Town of Addison Permitting, Inspection and Licensing portal. Your request is being processed. You will be notified once your registration is completed.

For questions please contact:

[Next](#)





### STEP 4. YOU WILL BE PROMPTED TO CHECK YOUR EMAIL FOR THE CONFIRMATION LINK.

[Next](#)

Please check your e-mail. The confirm email link in the body of the e-mail must be clicked to move to the next step of the registration process.

### STEP 5. CHECK YOUR EMAIL. YOU SHOULD HAVE RECEIVED AN EMAIL FROM [EPERMIT@ADDISONTX.GOV](mailto:EPERMIT@ADDISONTX.GOV). CLICK CONFIRM.

**Citizen Self Service New User Account Confirmation** Inbox x

 **epermits@addisontx.gov** 11:11 AM (28 minutes ago)   

to me ▾


You are receiving this automated e-mail based on a user registration request that we received for the Citizen Self Service tool for our jurisdiction. The purpose of this confirmation is to validate the e-mail address that was provided in the initial user registration process is the correct e-mail address for your user account. Please click the link below to continue to the next step of the user registration process.

[Confirm](#)

This e-mail and any files or attachments transmitted with it contain Information that is confidential and privileged. This document may contain Protected Health Information (PHI) or other information that is intended only for the use of the individual(s) and entity(ies) to whom it is addressed. If you are the intended recipient, further disclosures are prohibited without proper authorization. If you are not the intended recipient, any disclosure, copying, printing, or use of this information is strictly prohibited and possibly a violation of federal or state law and regulations. If you have received this information in error, please delete it and notify Hamid Khaleghipour at 972-450-2868 immediately. Thank you.

[Reply](#) [Forward](#)

**STEP 6.** YOU WILL BE REDIRECTED BACK TO THE CSS PORTAL. CLICK REGISTER.




[Home](#) [Apply ▾](#) [Map](#) [Report](#) [Fee Estimator](#) [Help ?](#) [Search 🔍](#) [Help ?](#) [Addison Website](#)

### Registration

Step 2 of 3: Email Address

Email addison.developmentservices@gmail.com

[Back](#) [Register](#)

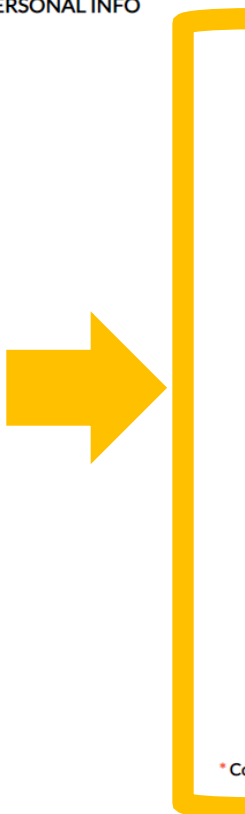



**STEP 7.** YOU WILL BE PROMPTED TO ENTER YOUR CONTACT INFORMATION. WHILE NOT ALL FIELDS ARE REQUIRED, WE ENCOURAGE YOU TO PROVIDE AS MUCH ADDITIONAL INFORMATION AS YOU CAN.

### Registration

Step 3 of 3: Contact Information

**PERSONAL INFO** \*REQUIRED



☒ I'm not a robot 

\* Username

AddisonDS

\* First Name

Leslie

Middle Name

\* Last Name

Knope

Company

Town of Addison Development Services

Business Phone

972-450-2880

Home Phone

Mobile Phone

972-450-2823

Fax

972-450-2837

Other Phone

\* Email Address

addison.developmentservices@gmail.com

\* Contact Preference

Email ▾

**STEP 8.** CREATE AND CONFIRM YOUR PASSWORD. YOUR PASSWORD MUST BE AT LEAST 8 CHARACTERS LONG WITH AT LEAST ONE LOWER CASE LETTER, ONE UPPER CASE LETTER, AND ONE NUMBER.

**PASSWORD**

The password must be at least 8 characters long with at least one lower case letter, one upper case letter, and one number.

\* Password

Strong

\* Confirm Password

**STEP 9.** ENTER YOUR ADDRESS INFORMATION. AGAIN, WHILE NOT ALL FIELDS ARE REQUIRED, WE ENCOURAGE YOU TO PROVIDE AS MUCH INFORMATION AS POSSIBLE. DOUBLE CHECK ALL THE ENTERED INFORMATION AND CLICK **SUBMIT**.

**ADDRESS**

Country Type

Enter Address

\* Street Number or PO Box  **STREET NUMBER ONLY**

Pre Direction

Street Name  **STREET NAME ONLY**

Post Direction

\* City

State

\* Postal Code

County

Unit or Suite

\* Address Type

**STEP 10.** YOU WILL ARRIVE AT A CONFIRMATION PAGE. IN ORDER TO PROCEED WITH PERMIT OR PLAN APPLICATION, PLEASE LOG INTO YOUR NEWLY CREATED ACCOUNT.

Home Apply Map Fee Estimator Calendar Search Addison Website

Thank you for registering

Thank you for registering for an account. Your account is now active and ready to be used.