



AUTHORIZATION FOR CREDIT CARD PAYMENT FOR PERMIT FEES
VISA, MASTER CARD OR DISCOVER ONLY
PLEASE FILL OUT FORM COMPLETELY

EFFECTIVE APRIL 2017

Date: _____

Account #: _____

Card Type: VISA MasterCard Discover

Expiration Date: _____ Security Code: _____

Authorized Charge Amount: \$ _____

***There is a 1% administrative fee for all Credit Card transactions.**

Card Holder's Name As it Appears on Card (please print): _____

Credit Card Billing Address Zip Code: _____

Check one: Mailed Faxed Emailed

Permit for: Building Plumbing Electrical Mechanical Gas Re-inspection

Other _____

Permit Address (es):

Contact Information: Phone #: _____ Fax #: _____

Email Address: _____

Signature of Card Holder: _____

Permits are processed in the order received and will be mailed, NOT faxed.

Permits and Receipts can be emailed, faxed or mailed.

***This is a one-time use form. Once the transaction has been processed, this form will be shredded.**