



Building Inspections

CREDIT CARD AUTHORIZATION

Date _____

Property Address _____

Amount \$: _____

Credit card #: _____

Expiration Date: _____

Master Card / Visa CCV: _____

IF American Express 4 Digit # _____

Billing Address for Credit Card _____

Zip code: _____

Phone # _____

Person authorizing charges: _____

Signature: _____

Please note that this form **WILL NOT be kept on file** and must be submitted with each permit application. It will be destroyed after payment is processed. Thank you!