

Credit Card Authorization Form

BUILDING DEPARTMENT

Revision Date: 10/1/2022 Form I.D. Number: 026.0

~ PLEASE MAKE COPIES FOR FUTURE USE ~

Visa or MasterCard Only

buildingpermits@coralsprings.gov

Cardholder Name (As it o	appears on th	he card)		
Company Name				
Type of Credit Card	Visa	MasterCard	3 Digit Security Cod	de
Credit Card Number Exp. Date				ate
Cardholder Address			0.11	Challe 7
Work Phone				State Zip
	E-mail			
Print Cardholder's Name				
your application requirement the Building Department. Succount, I will make every authorization, I acknowledge Cardholder's Signature	should I have attempt to re	e any questions con esolve the issue direc	cerning the credit card ch tly with the Building Depar	narge(s) made to my tment. By signing this credit card.
Permit Number (Required,	if assigned)			
Job Description				
Job Address				
Re-inspection Fee Type of inspection				
Expired Permit Renewal \$			Expedited Plan Review \$	
Open/Expired Permit Request \$		st \$	Early Start Request \$	
Overtime Inspection Request \$		t \$	Requested Date:	
Other (Specify)				\$