



MECHANICAL APPLICATION FOR PAYMENT OF PERMITS WITH CREDIT CARD FAX TO: 225-389-4985

PROJECT INFORMATION:

NUMBER OF PERMITS REQUESTED: _____

BUILDING PERMIT #(S): _____

ADDRESS (ES): _____

CONTRACTOR INFORMATION:

COMPANY/OWNER NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

AUTHORIZATION TO CHARGE PAYMENT:

I, _____, AUTHORIZE THE PERMIT OFFICE TO CHARGE MY /COMPANY
(NAME)

CREDIT CARD FOR THE ISSUANCE OF ALL PERMITS LISTED ABOVE.

NAME ON CARD: _____ EXPIRATION DATE: _____

CARD NUMBER: _____

CARD TYPE: (CIRCLE ONE): MASTERCARD VISA DISCOVER

BILLING ADDRESS FOR CREDIT CARD: _____

AUTHORIZED SIGNATURE: _____

DATE: _____