



**BUILDING CODE ENFORCEMENT
ADVANCE PAY ACCOUNT (APA)
REQUEST FORM**

Date: _____

COMPANY INFORMATION

Company Name: _____

Account Administrator: _____

Account Administrator's Title (Owner, CEO, president, vice president, chairman): _____

Contact Person and Title (if different from above): _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

LICENSEE INFORMATION (if applicable)

License holder associated with this account

Licensee's Name: _____ License Number: _____

Trade: Electrical Mechanical (HVAC) Plumbing Fire Alarm Fire Sprinkler

Signature of License Holder (if applicable): _____

AUTHORIZED USERS

Persons authorized to obtain permits under this account and license (if applicable):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Account Administrator's Signature: _____

DEPOSIT

Please indicate the method that will used for the initial deposit to your account.

Mailed Check Mailed Money Order Online (Requires an iPermits account)

FOR OFFICE USE ONLY

| | |
|-----------------------|-----------------------|
| Type of permit: _____ | Account Number: _____ |
| Check Number: _____ | Receipt Number: _____ |
| | Processed By: _____ |