



**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.

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

<b>FOR OFFICE USE ONLY</b>			
Type of permit: _____	Account Number: _____		
Check Number: _____	Receipt Number: _____	Processed By: _____	