

## ADVANCE PAY ACCOUNT (APA) REQUEST FORM

**INSTRUCTIONS**: Complete this form and submit it via email to <a href="mailto:hpcapa@houstontx.gov">hpcapa@houstontx.gov</a>. 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: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mailing Address (if different from above): City: \_\_\_\_\_ 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): 5. \_\_\_\_\_ 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) FOR OFFICE USE ONLY Type of permit: Account Number: Receipt Number: Check Number: Processed By: \_\_\_\_





https://bit.ly/3p78ntZ

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