



APPLICATION FOR PAYMENT OF REINSPECTION FEE FAX TO: 225-389-4985

PROJECT INFORMATION:

PERMIT #: _____ DATE: _____

ADDRESS: _____

NUMBER OF REINSPECTIONS OWED: _____
(To be filled out by Record Room)

CONTRACTOR / OWNER INFORMATION:

COMPANY/OWNER NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

AUTHORIZATION TO CHARGE PAYMENT:

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

CREDIT CARD \$ _____, IN PAYMENT OF ALL REINSPECTION FEES OWED.

NAME ON CARD: _____ EXPIRATION DATE: _____

CARD NUMBER: _____

CARD TYPE: (CIRCLE ONE): MASTERCARD VISA DISCOVER

BILLING ADDRESS FOR CREDIT CARD: _____

AUTHORIZED SIGNATURE: _____