

This form to be filled out only if you want to charge your Contractors License renewal fee to a credit card or to purchase a permit.

CITY OF DUMAS

P.O. BOX 438
124 W. 6TH ST.
DUMAS, TEXAS 79029
(806)935-4101
FAX (806)935-6104

CREDIT CARD AUTHORIZATION

I request and authorize the City of Dumas to apply Building Permit charges to the following credit card upon receipt of fax transmitted request for permit.

Contractors Name _____

Address _____

City, State, Zip _____

Credit Card Type _____ Card # _____

Expiration Date _____ V-Code _____ Zip Code _____

Authorized Signature _____

PERMIT INFORMATION:

Home Owner/Business Name _____ Address _____

Estimated Cost of Job \$ _____ Type of Roof _____ # of Squares _____

Contractor Lic. Sprinkler System HVAC Plumbing Electrical

Sign Pool Demolition Roof Brief Description of job _____

Use of this information will be for the issuance of building permits or payment of Contractors Lic. only by an authorized employee of the City of Dumas Engineering Department.

Copy of Permits and receipts will be mailed to the above address upon completion of permits.

PLEASE FAX COPY OF PERMIT BACK TO _____