



Credit Card Authorization Form

BUILDING, ZONING, PLANNING AND PUBLIC WORKS DEPARTMENT

onlinepermits@keybiscayne.fl.gov

Visa, MasterCard, Amex and Discovery

Cardholder Name *(As it appears on the card)* Company _____

Name _____

Type of Credit Card **Visa** **MC** **Amex** **Disc.** **Code** _____

Credit Card Number _____ Exp. Date _____

Cardholder Address _____
City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax _____ E-mail _____

Print Cardholder's Name _____

I hereby authorize the Village of Key Biscayne ("Village") to charge the credit card listed above in an amount to be determined according to the current Village's Permit Fee Schedule, as per your application requirements. This charge is payment for fees and/or services and is accepted in good faith by the Village. Should I have any questions concerning the credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with the Village. By signing this authorization, I acknowledge that I am an authorized signatory for the above referenced credit card.

Cardholder's Signature _____ Date _____

Title _____

Permit Number *(Required, if assigned)* _____

Job Description _____

Job Address _____

Re-inspection Fee \$ _____

Re-inspection Date *(optional)* _____

Type of inspection *(required)* _____

Expired Permit Renewal \$ _____

Expedited Plan Review \$ _____

Open/Expired Permit Request \$ _____

Early Start Request \$ _____

Requested Date: _____

Other (Specify) _____ \$ _____