



TOWN OF LONGBOAT KEY
PLANNING, ZONING AND BUILDING DEPARTMENT
 501 Bay Isles Road, Longboat Key, FL 34228
 Phone: 941-316-1966 FAX: 941-316-1970

CREDIT CARD PAYMENT AUTHORIZATION FORM

This form must be completed by the card holder and submitted to the Planning, Zoning and Building Department in order to make payment by credit card when the credit card holder does not appear with the card in person at the department or if the card cannot be read when swiped on the department's processor.

CREDIT CARD PAYMENT IS AUTHORIZED FOR THE FOLLOWING SPECIFIC FEE(S)

All information requested on items to be charged must be complete and match the official records of the Town.

Permit Issuance:

Building Electric HVAC Plumbing Sign Tree
 Site Address: _____ Unit/Apt: _____
 Applicant/Contractor: _____

Building Electric HVAC Plumbing Sign Tree
 Site Address: _____ Unit/Apt: _____
 Applicant/Contractor: _____

Change Order: Permit Number and prefix: _____
 Site Address: _____ Unit/Apt: _____

Reinspection: Permit # and prefix: _____ Date inspection failed: _____

County Permit # and prefix: _____

Impact fees: Site Address: _____ Unit/Apt: _____

Planning/Zoning: Site Plan Amendment Site Plan Exemption (SPE) Variance/Waiver
 Special Exception Outline Development Plan (ODP) Zoning Determination
 Site Address: _____

Other (specify): _____

(A separate form, fully completed, is required for any additional payments)

Building permits (including Change Orders), approved plans, sign permits, and payment receipts must be picked up at the Planning, Zoning and Building Department unless otherwise arranged with the department. Reinspection fee receipts will be faxed to the card holder. Other permits will be faxed to applicant at the fax number on the application, with receipts sent to the card holder. Credit card account information is not retained by the Town of Longboat Key.

I hereby authorize the Town of Longboat Key Planning, Zoning and Building Department to charge the credit card designated on the bottom of this form for payment of those fees identified below.

MASTERCARD Acct. No.: _____ Exp. Date: ____ / ____

VISA CARD Acct. No.: _____ Exp. Date: ____ / ____

Credit Card Billing Address ZIP CODE: _____

Signature of Authorized Card Holder: _____

Print Name Exactly as Shown on Card: _____

Card Holder's Phone: _____ **FAX:** _____

DEPARTMENT USE ONLY: PAYMENT DENIED INFORMATION
 Charge denied by the credit card company code _____
 Charge denied by the Town because fee information does not match Town records _____