



MONTGOMERY COUNTY
BUILDING REGULATIONS DIVISION
CHARGE CARD AUTHORIZATION FORM

451 West Third Street Dayton, OH 45422 www.mcohio.org/build

Approval Code: _____

<input type="checkbox"/> Walk-in	<input type="checkbox"/> Mail-in	<input type="checkbox"/> Phone-in	<input type="checkbox"/> Fax-in
451 W. Third St. 10 TH Fl, Dayton, OH 45422		(Office) 937-225-4622	(Fax) 937-225-4659

PROJECT Name Information _____

Address of job _____ **City/Township** _____

READY FOR INPSECTION?

YES _____ Date and Type of Inspection required _____

*** next day inspections require Supervisor's approval ***

NO _____ Inspection requests will be called in when ready.

TRANSACTION TYPE
(Check all that apply)

PERMIT NUMBER

AMOUNT DUE
(See fee schedule or permit application)

- | | | |
|---|-------|----------|
| <input type="checkbox"/> Building/Alarm/Sign/Suppression/Demolition | _____ | \$ _____ |
| <input type="checkbox"/> Mechanical/HVAC/Kitchen Hood | _____ | \$ _____ |
| <input type="checkbox"/> Gas Piping | _____ | \$ _____ |
| <input type="checkbox"/> Electrical | _____ | \$ _____ |
| <input type="checkbox"/> Re-inspection Fee or Additional Fee | _____ | \$ _____ |

(Residential only) Add OBBS 1% SURCHARGE \$ _____

TOTAL FEES ABOVE \$ _____

ADD DISCOVER TRANSACTION FEE \$ _____

TOTAL AMOUNT CHARGED \$ _____

NOVUS FEE STRUCTURE	
Total Amount Due	Transaction Fee
\$0.01- \$200.00	\$3.00 / Transaction
\$200.01-\$500.00	\$4.00 / Transaction
\$500.01-\$1000.00	\$9.00 / Transaction
\$1000.01-\$2000.00	\$16.00 /Transaction
\$2000.01-AND UP	\$25.00 /Transaction

***TRANSACTION FEES WILL BE ASSESSED AUTOMATICALLY IF THEY ARE NOT ADDED TO THE TOTAL NUMBER OF ITEMS CHARGED.**

The issuer of Discover Card is authorized to pay the amount shown as Total upon proper presentation. I promise to pay such Total (together with any other charges due on it) subject to and in accordance with the Card member agreement governing the use of the Card.

CREDIT CARD INFORMATION

Card Number | 6 | 0 | 1 | 1 | - | _____ - | _____ - | _____

Expiration Date | ____ | ____ / ____ | ____ |
M M Y Y

Card member Name (Please Print) _____

Submitter's Name _____ Phone Number _____