To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

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DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

CLACKAMAS COUNTY TRANSPORTATION & DEVELOPMENT – PERMIT APPLICATION
CREDIT CARD AUTHORIZATION SHEET

Building Codes Division

Electrical, Mechanical & Plumbing permits

https://www.clackamas.us/building

Please email completed form to:
bldservice@clackamas.us
Phone: 503.742.4240
Fax: 503.742.4741

From:	
Date:	
Phone:	
Fax:	
Number of Pages (Including Cover):	

PLEASE TYPE OR PRINT LEGIBLY.

NAME AS IT APPEARS ON CARD: (We accept Visa, MasterCard, AmEx and Discover)

CONTACT PHONE #:

CONTACT EMAIL:

CREDIT CARD NUMBER*:

CARD EXPIRATION DATE:

3-DIGIT SECURITY CODE* (CVVS | CVC2 | CID -- See reverse side of credit card)**:**

BILLING ADDRESS*: **CITY:**

STATE: **ZIP CODE*:**

AUTHORIZED SIGNATURE: **DATE:**

I authorize Clackamas County to charge the credit card indicated above for the permits I am applying for. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on my request. I understand that Clackamas County's vendor charges a service fee for the use of a credit/debit card and authorize the additional charge to my account.

ADDRESS OF WORK PERMITTED:

STATE: **ZIP CODE:**

***AFTER REMOVING SECURE DATA, DOCUMENT WILL BE STORED FOR 60-DAYS AFTER PROCESSING CARD.**

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