



City of Santa Barbara  
 Building & Safety Division  
 Credit Card **Fax** Payment Form (Rev. 9/20)

Community Development  
 630 Garden Street  
 805-564-5485  
 Fax- 805-564-5476

**(Note: Form may be faxed only. Do not attach via email)**

(Required) **Permit Number: BLD20** \_\_\_\_\_

**Please complete the following information, sign below, and fax to (805) 564-5476.**

Project Street Address:	
Owners Name:	Daytime Phone #
Business/Tenant Name (If Applicable):	
Contractor Name:	Phone #
Contractor Address:	State License #
<b>*Contact Email:</b>	
<b>*Scope of Work:</b>	

**THIS IS NOT A PERMIT TO PERFORM WORK.**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder Billing Address:

I hereby authorize The City of Santa Barbara’s Building and Safety Division to charge the following credit card for payment of requested service:

**Cardholder Signature (handwritten):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>OFFICE USE ONLY</b>
<b>Total Fee: \$</b> _____

*Cardholder acknowledges receipt of goods/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder’s agreement with the card issuer.*