Town of Hilton Head Island
843-341-4757 OFFICE
843-341-2087 VIA FAX
EMAILED FORMS ARE NOT ACCEPTED

Office use only- Revised: 2/14/2019

Date: _____

Permit # _____

Fee _____

Credit card authorization # _____

Reference # _____

CREDIT CARD AUTHORIZATION FOR PERMIT FEE

1. **Commercial:** ☐
   Residential: **Multifamily** ☐ **Single Family** ☐
2. Permit type:
   HVAC ☐ **Roofing** ☐
   Other ☐ _____
3. Owner's name _____
4. Contractor's name _____
5. Job site _____

I authorize the Town of Hilton Head Island to charge the following permit fee to my credit card.

$_____ **Discover ___ AMEX___ MasterCard___ Visa____**

Card number: / / / / **Security #** _____

_____/_____/_____
Name on card *(Print)* **Expiration date**

Billing Address: _____ **City:** _____ **State:** _____
Zip Code: _____

_____/_____/_____
Authorized signature **Date**

This FAX is CONFIDENTIAL and intended solely for the use of the entity to whom it is addressed. If you have received this FAX in error please notify the originator of the FAX.