



City of San Antonio
 Fire Prevention Division
 1901 S. Alamo St.
 San Antonio, TX 78204

Telephone (210) 207-8410
 Fax (210) 207-7949
www.sanantonio.gov/safd



Escrow Account Utilization Authorization

This form must be completed in order to have fees for various services deducted from your escrow account. The completed form may be faxed to our office at (210) 207-7949. Please confirm receipt of your authorization by calling (210) 207-8410.

Date: _____

Permit # _____ **COSA ID :** _____
 (Leave blank if for a plan review)

Job Site: _____
 (Project Name)

Project Address: _____
 (Physical Address) (Bldg. # / Suite #)

Company/Organization Name: _____
 (Name of Contractor requesting overtime)

Company Address: _____
 (Physical Address) City State Bldg. # / Suite # Zip Code

Office Number: _____ **Fax:** _____

Additional Number(s): _____

Name of Authorized Person (Print): _____

Authorized Signature: _____

Please check the appropriate fee(s) and enter the amount(s) to be deducted from your escrow account for each service indicated. Enter the total to be deducted at the bottom. Please note that a separate Escrow Account Utilization Form is required for separate permits.

Type	Amount
<input type="checkbox"/> Permit	\$ _____
<input type="checkbox"/> Fast Track	\$ _____
<input type="checkbox"/> Working w/o Permit <i>3% Technology Fee Included</i>	\$ _____
<input type="checkbox"/> Duplicate Permit \$25.75 each	\$ _____
<input type="checkbox"/> Address Change \$25.75 each	\$ _____
<input type="checkbox"/> Retest \$154.50 each	\$ _____
<input type="checkbox"/> Re-schedule \$154.50 each	\$ _____
<input type="checkbox"/> Re-inspection \$128.75 each	\$ _____
<input type="checkbox"/> Visual \$128.75 each	\$ _____
	Date Required: _____
	Contact: _____ Contact Phone # _____
<input type="checkbox"/> Other (Specify) _____	\$ _____
Total Due: \$ _____	

Note: Visuals inspections are between 7:00 a.m. and 5:00 p.m., Mon.-Fri. (No specific time will be given at time of scheduling.)