



Community Development and Public Works

Permitting Division

11000 N La Cañada Drive, Oro Valley, Arizona 85737 • 520-229-4800 • 520-742-1022 (Fax)

APA ACCOUNT INFORMATION AND APPLICATION

As a courtesy to our customers, the Town of Oro Valley offers the service of establishing and maintaining a trust account for repeat customers. This allows the applicant to charge the related fees for a building permit or any other service offered by the Development and Infrastructures Services, to their account.

For each transaction, a fee of \$1.00 will be charged to their account in addition to the transaction cost. Each month your account will be updated and a statement will be mailed to the address indicated below.

If the funds in your account are insufficient to cover the costs of the transaction then you will be notified that a deposit to your APA account is required prior to processing the transaction.

If you are a new applicant for an APA account, please fill in all the information below and return it to the permit counter accompanying your initial deposit (minimum of \$100.00).

If you already have an APA account and have received this form, please update all information and return to The Town of Oro Valley, Community Development Bldg. 11000 N. La Cañada Dr., 85737 to the attention Permitting Department.

Check one of the following boxes:

- Applying for new account.
- Updating information on an existing account.
- I wish to close my account and request that the remaining balance be sent to the address listed below.

(Please Print Clearly)

APA ACCOUNT #: _____ CURRENT BALANCE IS \$ _____ AS OF _____

APPLICANT NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX#: _____

STATE LICENSE #: _____ ORO VALLEY BUSINESS LICENSE #: _____

CONTACT PERSON FOR APA ACCOUNT: _____ EXT: _____

I consent to allow the Town of Oro Valley to withdraw permit and inspection fees from my Advanced Payment Account and understand that the Town of Oro Valley will not be responsible for unauthorized use of my account.

SIGNED: _____ DATE: _____

FOR: (Company Name) _____

Please attach a list of persons authorized to use your account.