



# Protection Against Termites

This section office use only					
Application #		Receipt #			
Cash <input type="checkbox"/>		CC <input type="checkbox"/>		Phone order <input type="checkbox"/>	
Check #		Balance due			
Permit type		Plan #		TIFF #	

Permit No \_\_\_\_\_ Job Address \_\_\_\_\_

Builder \_\_\_\_\_

The residential address above meets or exceeds the requirements for protection against termites set forth in Section R318 of the 2015 International Residential Code.

Name of Protection Provider Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

State License No \_\_\_\_\_

## State of Texas

County of \_\_\_\_\_

I, \_\_\_\_\_ (printed name of person signing this application) do say that the information contained in the above application is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(person signing this application)

This instrument was signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public