



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 R305 of the 2024 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