



PROTECTION AGAINST TERMITES

Permit Number: _____ Address: _____

Builder: _____

The residential address above meets or exceeds the requirements for protection against termites set forth in Section R320 of the International Residential Code.

Name of Protection Provider (Company): _____

Address _____

Phone _____

State License No. _____

STATE OF TEXAS

COUNTY OF COLLIN

I, _____, being duly sworn do depose and say that the information contained in the above application is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____