

Date of Submittal \_\_\_\_\_  
ICC Energy Code Certification # \_\_\_\_\_ (mandatory), and  
HERS Raters RTN # \_\_\_\_\_ or RESNET Rater # \_\_\_\_\_ or Texas HERO PVT # \_\_\_\_\_

**City of Ravenna Building Department  
P.O. Box 88  
103 North Main Street  
Ravenna, Texas 75476  
(903) 449-4616**

### **Protection Against Termites Form**

Permit N°: \_\_\_\_\_ Address: \_\_\_\_\_  
Builder: \_\_\_\_\_

The residence addressed above meets or exceeds the requirements for protection against termites set forth in Section R324 of the International Residential code.

Name of Protection Provider (Company): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of TSCPБ Certified Applicator: \_\_\_\_\_  
TSCPБ Certified Applicator's Signature: \_\_\_\_\_  
State License No: \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF FANNIN

I, \_\_\_\_\_, being duly sworn doth depose and say that the information contained in the above application is true and correct to the best of my knowledge and belief. And further this deponent says not.

\_\_\_\_\_  
Signature Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_, AD.

\_\_\_\_\_