



231 E. Hayne Street
 PO Box 1389
 Woodruff, SC 29388
 864-476-8154

PERMIT AGENT AUTHORIZATION



Department of Building Safety
 4795 South Church St. Ext. - Suite 2
 Roebuck, SC 29376
 864-586-6111

PLEASE DIRECT ANY QUESTIONS TO BEKKI PHILLIPS (RPHILLIPS@CITYOFWOODRUFF.COM) OR CALL 864-476-8154

NAME OF SC LICENSED CONTRACTOR:			DATE:	
CONTRACTOR'S MAILING ADDRESS:		CITY:	STATE:	ZIP:
CONTRACTOR'S EMAIL ADDRESS:			CONTRACTOR'S PHONE #: () -	

AUTHORIZATION:

I, _____, _____, _____,
(SC License Holder's Name as listed with SC LLR) (SC State License Number) (SC State License Type)

Hereby authorize the following to act as my agent in obtaining permit in:

_____ Multiple Locations within _____

OR

_____ Single Installation for property located at _____

AUTHORIZED AGENTS:

A picture I.D. may be required to be presented at the time the listed authorized agent secures the permit.

Agent's Name: _____ Agent's Name: _____

Agent's Name: _____ Agent's Name: _____

This form supersedes any previously submitted authorization document. This form authorizes the individuals named above to secure permits on your behalf. This authorization is to remain in effect until canceled in writing by the undersigned or 1 year.

(signature of contractor listed above)	(date)
(printed name of contractor listed above)	

This form is valid for one year from above date. Notary can not be the same as a listed agent.

SWORN TO before me this _____ day
 of _____, 20____

_____ (SEAL)
 Notary Public for South Carolina
 My Commission Expires: _____

Once completed and notarized please email to permits@cciservicesllc.com