



City of Inman  
 20 S. Main Street  
 Inman, SC 29349  
 864-472-6200

# PERMIT AGENT AUTHORIZATION



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

|                                 |       |                                      |      |
|---------------------------------|-------|--------------------------------------|------|
| NAME OF SC LICENSED CONTRACTOR: |       | DATE:                                |      |
| CONTRACTOR'S MAILING ADDRESS:   | CITY: | STATE:                               | ZIP: |
| CONTRACTOR'S EMAIL ADDRESS:     |       | CONTRACTOR'S PHONE # WITH AREA CODE: |      |

**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.

|   |                                |
|---|--------------------------------|
| _____<br><small>(signature of contractor listed above)</small>    | _____<br><small>(date)</small> |
| _____<br><small>(printed name of contractor listed above)</small> |                                |

SWORN TO before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_

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