



129 Rowes Pump Dr.  
PO Box 95  
Rowesville, SC 29133  
803-534-2745

# PERMIT AGENT AUTHORIZATION



Department of Building Safety  
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.

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

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

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