

My Commission Expires:\_\_

## Town of Blacksburg 105 S Shelby St Blacksburg, SC 29702 864-839-2332 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:	I	CONTRACTOR'S PHO	DNE # WITH AREA CODE:
AUTHORIZATION:			
l, (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 o Multiple Locations within OR	btaining permit in:		
Single Installation for property locate	ed at		
AUTHORIZED AGENTS: - A picture I.D. may be required to	to be presented at the time the listed au	uthorized agent secu	res the permit.
Agent's Name:	Agent's Name:		
Agent's Name:	Agent's Name:		
This form supersedes any previously subnabove to secure permits on your behalf. This auti			
(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			

**PERMIT**