



223 N. Main St  
Jefferson, SC 29718  
843-658-7800

# 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\_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_