



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

PERMIT AGENT AUTHORIZATION

**PLEASE DIRECT ANY QUESTIONS TO
PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2**



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 #: () -	

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.

_____	_____
<small>(signature of contractor listed above)</small>	<small>(date)</small>

<small>(printed name of contractor listed above)</small>	

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