



5962 Highway 165, Suite 100  
Ravenel, SC 29470  
843-889-8732

# 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: \_\_\_\_\_