



100 S Jefferson St  
Saluda, SC 29138  
864-445-3522

# 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.

|  |  |
|--|--|
| <p style="text-align: center;">_____<br/><small>(signature of contractor listed above)</small></p> | <p style="text-align: center;">_____<br/><small>(date)</small></p> |
| <p>_____<br/><small>(printed name of contractor listed above)</small></p>                          |  |

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

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