323 Martin L King Jr Blvd S
PO Box 415
Estill, SC 29918
803-625-3243

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:_____