



City of Walhalla  
 206 North Church St  
 Walhalla, SC 29691  
 864-638-4343

# 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.

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

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

\_\_\_\_\_ (SEAL)  
 Notary Public for South Carolina  
 My Commission Expires: \_\_\_\_\_