



231 E. Hayne Street  
PO Box 1389  
Woodruff, SC 29388  
864-476-8154

# PERMIT AGENT AUTHORIZATION



Department of Building Safety  
4795 South Church St. Ext. - Suite 2  
Roebuck, SC 29376  
864-586-6111

**PLEASE DIRECT ANY QUESTIONS TO BEKKI PHILLIPS (RPHILLIPS@CITYOFWOODRUFF.COM) OR  
JENNIE FRANK (JFRANK@CITYOFWOODRUFF.COM) OR CALL 864-476-8154**

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.

_____ (signature of contractor listed above)	_____ (date)
_____ (printed name of contractor listed above)	

***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: \_\_\_\_\_

PAGTA42349C((REV.11/2019))

***Once completed and notarized please email to [permits@cciservicesllc.com](mailto:permits@cciservicesllc.com)***