



Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor: _____ Individual _____ Qualifying Agent

Name of licensed person _____

*Please attach a copy of Individual license or Company License (Reflects company and qualifying agent license number)

License number of individual or qualifying agent: _____

Name of licensed company (if applicable) _____

License number of company (if applicable): _____

I, _____, hereby designate
Licensed Individual or Qualifying Agent

*Please attach a copy of the authorized permit agent's driver's licenses.

(Check One)

- to apply for and obtain permits for all projects.
- to apply for and obtain permits for the project at:

_____ Street address

_____ City Zip Code

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct. If any of the above authorized agents are to be removed from this approved list, the City of Savannah shall be notified in writing. If anyone is to be added to the list, a new form must be completed.

Signature of individual or qualifying agent _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20__

Signature of Notary Public _____ (Seal)