



Authorized Permit Agent Form

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

Licensed Contractor as an Individual

Name of Licensed Person: _____

License Number of Individual: _____ Date of Expiration: _____

Licensed Contractor with an Agent

Name of Licensed Company: _____

License Number of Company: _____ Date of Expiration: _____

License Number of Agent: _____ Date of Expiration: _____

I, _____, hereby designate _____ with
Name of Licensed Individual or Qualifying Agent Name of Authorized Agent

_____ to apply for and/or obtain the _____
Name of Agency Building / Mechanical / Electrical / Plumbing

permits for the project at the following property

Name of Project: _____

Street Address: _____ Apt or Suite # _____ 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.

Owner/Agent: _____
Printed Signature

Date: _____

Sworn to and subscribed before me this _____

day of _____, 20_____

Signature of Notary Public _____

My Commission Expires: _____

Received by: _____

Date: _____

P.O. Box 219 / 6701 Church St, Douglasville, GA 30133-0219

678-449-3042 / Fax 770-920-0499

www.douglasvillega.gov