

**Community Development Department**

803-785-8130 / [buildinginspections@lexingtoncounty.sc.gov](mailto:buildinginspections@lexingtoncounty.sc.gov)

Mailing: 212 S. Lake Drive , Lexington, SC 29072

**AUTHORIZATION FOR OTHERS TO OBTAIN PERMITS UNDER  
CONTRACTOR'S NAME/STATE LICENSE NUMBER**

**To protect licensed contractors and citizens of this jurisdiction from unlawful and unlicensed contractors, licensed contractors must complete this form to allow other people to pull permits on their behalf in their name and State license number.**

State License Holder Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ License Type: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Attach color copy of the state license holder's photo identification.

**I give permission to the following people to obtain construction permits under my name and state license number:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ One time only for work located at \_\_\_\_\_

☐ Ongoing basis until I revoke this authorization in writing

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ One time only for work located at \_\_\_\_\_

☐ Ongoing basis until I revoke this authorization in writing

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ One time only for work located at \_\_\_\_\_

☐ Ongoing basis until I revoke this authorization in writing

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ One time only for work located at \_\_\_\_\_

☐ Ongoing basis until I revoke this authorization in writing

\_\_\_\_\_  
**License Holder Signature**

\_\_\_\_\_  
**Date**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ personally appeared before me

State License Holder

\_\_\_\_\_ who stated that he(she) is the

Notary Public

\_\_\_\_\_ of \_\_\_\_\_, and that the instrument

Position/Title \_\_\_\_\_ Company Name

was signed on behalf of the said company/ corporation by authority of its board of directors and acknowledged said instrument to be its voluntary act and deed.

Before me:

\_\_\_\_\_  
Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_