Planning & Development Department

803-329-5590 / permits@cityofrockhill.com

Physical (By Appointment Only): 155 Johnston Street, Rock Hill, SC 29730

Mailing: PO Box 11706, Rock Hill, SC 29731-1706

www.cityofrockhill.com



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:	
\square Attach color copy of the state	license holder's photo identific	cation.
I give permission to the following	g people to obtain construction	on permits under my name and state license number:
Name:		
Company:	P	Position/Title:
Address:		
\square One time only for work locate	d at	
☐ Ongoing basis until I revoke th	is authorization in writing	
Name:		
Company:	P	osition/Title:
Address:		
Phone:	Email:	
\square One time only for work locate	d at	
☐ Ongoing basis until I revoke th	is authorization in writing	

Name:		
	Position/Title:	
Address:		
	Email:	
☐ One time only for work locate	ed at	
☐ Ongoing basis until I revoke th	nis authorization in writing	
Name:		
Company:	Position/Title:	
Address:		
Phone:	Email:	
☐ One time only for work locate	ed at	
License Holder Signature	Date	
On thisday of	, 20,	
State License Holder	personally appeared before me who stated that he(she) is the	
(of, and that the instrument	
Position/Title was signed on behalf of the said said instrument to be its volunta Before me:	Company Name company/ corporation by authority of its board of directors and acknowledged ry act and deed.	
Notary Public for		
My Commission Expires:		