



City of Alpharetta

AUTHORIZED PERMIT AGENT FORM

License verification by permitting office will be completed by visiting: <https://sos.ga.gov/index.php/licensing>

Licensed Contractor: Individual Qualifying Agent

Name of licensed person: _____

*Please attach a copy of Individual license or Company License
(Reflecting the 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): _____

AUTHORIZATION STATEMENT:

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

Name of person picking up permit

to apply for and obtain the permit(s) for the project located at

Project Street Address, City, State, Zip

Copy
Driver's License of
Person Picking Up

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.

Signature of individual or qualifying agent: _____ Date: _____

Notary Public Information:

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public: _____ (Seal)

State of _____ County of _____

My commission expires: _____, 20____