PERMIT AUTHORIZATION APPLICATION

BERKELEY COUNTY PERMITTING

PO BOX 6122  Moncks Corner SC 29461

PHONE: 843-719-4292 / FAX: 843-719-4261

Contractor’s Name (as it appears on the Contractor’s license):

Company Name:

SCLLR State License Number: ______________  Issued Date:____________  Expiration Date:____________

Business Location Address:

Business Mailing Address:

Office Phone Number(s):________________________________________________________

Work Phone Number(s):________________________________________________________

Company (Contractor’s) Email:

People Authorized to Receive Permits

($50 per person in state / $100 per person out of state / Qualifier(s) are automatically charged)

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Responsibility Statement: It is your responsibility to notify Berkeley County Permitting, in writing, if there is a change in authorization.

License Holder Name: ____________________________  Signature: ____________________________  
(Please Print)

Driver’s License State # __________________________  OR  Company/Business Federal ID# __________________________

Permit Authorization Applicant Name: __________________________

Permit Authorization Applicant Email: __________________________

**A current South Carolina State Contractor’s License Card(not the wall certificate) is required to issue Permit Authorization. Please bring in or attach a copy of your SCLLR State License Card to this application**