



# Authorized Agent Affidavit

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This form is required for an owner or permit applicant to authorize third-party services (i.e., permit expeditors, architects, engineers) to obtain a permit, request inspections and obtain a Certificate of Occupancy / Certificate of Completion on their behalf for the specified project. This designated individual shall further be identified as the Authorized Agent for the permit.

This form must be completed for all Authorized Agents before the permit can be issued. All information requested on this form is required.

All Authorized Agents are required to submit a copy of their Business License and state-issued photo ID with this form unless current licenses have been previously filed with the Planning and Zoning Department.

Project Information	
Permit Number	
Project Address	
Lot/Building/Suite	
City, State, and Zip Code	
Subdivision/Development Name	
Property Owner Name	

Authorized Agent Information	
Business Name	
Authorized Agent and/or Qualifying Agent	
Superintendent Name(s)	
Contractor Address	
Contractor Phone & Email	
State Contractor License Number	
Business License Number & Jurisdiction	
GSWCC Level 1A Certification Number	

Contractor License Type (check all that apply)	
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Plumbing Contractor
<input type="checkbox"/> Residential Basic Contractor	<input type="checkbox"/> Low Voltage Contractor
<input type="checkbox"/> Residential Light Commercial Contractor	<input type="checkbox"/> Other (_____)
<input type="checkbox"/> Mechanical Contractor	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Electrical Contractor	



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I hereby designate the above listed Authorized Agent to apply for and obtain the permit(s) for the project(s) listed above. The undersigned do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Contractor

\_\_\_\_\_  
Printed Name

State of Georgia, County of \_\_\_\_\_

Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Please submit completed form and supporting documents to the [Citizenserve Online Portal](#).