



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)

Name	Phone Number	Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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****