



## Development Services Division

Building – Fire – Zoning – Code Enforcement  
610 South Highland Road Quitman, Georgia 31643  
O: (229) – 263 – 5611  
<https://brookscountyga.gov/development-services>

### Authorized Permit Agent Form

(ONE FORM PER PERMIT AGENT) \*Original Wet Signatures with Notary Seal\*

**Permit Holder** = Person legally responsible for Permit

**Authorized Permit Agent** = Person pulling permit on the Permit Holder's Behalf

Type of Authorization (CHOOSE ONE)		
<b>Licensed Contractor Authorizing Permit Agent:</b>		
<input type="checkbox"/> I am a Contractor who holds a GA State License / Card (aka qualifying agent or license holder), who will be the Permit Holder, and I am authorizing the following agent to pull this permit on my behalf at the property listed above.		
Name of License Holder (Copy of ID Required): _____		
State Card/License # (Copy of State Card Required): _____		
Name of Company: _____		
Name of Authorized Agent (Copy of ID Required): _____		
<b>Specialty Trade Owner Authorizing Permit Agent:</b>		
<input type="checkbox"/> I am the Business Owner of a specialty trade (NOT a licensed contractor) who will be the permit holder, and I am authorizing the following agent to pull this permit on my behalf at the property listed above.		
Name of Business Owner (Copy of ID Required): _____		
Name of Company: _____		
Name of Authorized Agent (Copy of ID Required): _____		
<b>Homeowner Authorizing Permit Agent:</b>		
<input type="checkbox"/> I am the Homeowner of the property above who will be the permit holder, and I am authorizing the following agent to pull this permit on my behalf.		
Name of Homeowner (Copy of ID Required): _____		
Name of Authorized Agent (Copy of ID Required): _____		
<b>Designation of Authorization</b>		
I hereby designate the above listed Authorized Permit Agent to apply for and obtain the permit(s) from Brooks County. I do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct. I understand that this authorization shall remain in effect until I revoke it in writing		
<b><u>NOTARY SEAL</u></b>		
Original Signature of Permit Holder	/	Date
Notary Public _____		
SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE		
_____ <u>DAY OF</u> _____, 20_____		
My Commission Expires: _____		