



**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	
<div style="text-align: right;"><b><u>NOTARY SEAL</u></b></div>	
_____	_____/_____/_____ Original Signature of Permit Holder                      Date
Notary Public _____	
SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE	
_____ DAY OF _____, 20_____	
My Commission Expires: _____	