

**PERMIT AUTHORIZATION FORM
FOR BONAFIDE EMPLOYEES
OF LICENSED CONTRACTOR**

115 Chatham Street, Sanford, NC 27330

Telephone (919) 718-4654 www.sanfordnc.net Fax (919) 718-4636

The City of Sanford / Lee County Inspection Departments require the licensee of a contracting firm to personally appear in our office to submit and pay for permits. Although not recommended, we understand that sometimes it is not always feasible for the licensee to comply. In the event this happens, the following form must be completed by the licensee, signed, notarized and returned to this office allowing a bonafide employee of your company to obtain a permit under your license number. Your company's information will be maintained on file and personal identification numbers will be assigned as necessary. Note: (forms must be renewed every two years)

DATE: _____

What type of license do you possess?

- Building N.C. License Number: _____
- Electrical N.C. License Number: _____
- Plumbing N.C. License Number: _____
- Mechanical N.C. License Number: _____
- Other N.C. License Number: _____

Contractor's Name: _____ Business Name: _____

Contractor's Business Address: _____

Telephone Number: _____ Fax Number: _____

SIGNATURE OF LICENSEE (QUALIFIER)

*****ATTACH A COPY OF YOUR UPDATED LICENSE TO THIS APPLICATION.*****

I, _____, a Notary Public for _____ County and the State of _____ do hereby certify that _____, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.
Witness my hand and official seal, this the _____ day of _____, 20_____.

Notary Public Signature

(SEAL)

My Commission Expires _____

Please list the bonafide employees that you desire to allow to obtain permits under your license number. The licensee is liable for all work performed under the license number listed above and by the permits issued by this office. **** Form must be renewed every two years****

Bonafide Employees' Name (Please Print)

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