



City of Clemson

PLANNING & CODES ADMINISTRATION

1250 Tiger Blvd., Suite 4 • Clemson, SC 29631-2662 • (864) 653-2050 • Fax (864) 653-2057 • www.cityofclemson.org

Date: _____

Contractor Name: _____

Company Name: _____

Contractor License #: _____ Classification: _____ Expiration Date: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

This document allows the following authorized individuals to obtain permits for projects performed by the above mentioned contractor, and is intended to prohibit license leading, it is the sole responsibility of the licensed contractor to notify the City of Clemson Planning and Codes Administration, in writing, immediately of any additions or deletions to the list. The City will not be responsible if the list is not kept current. This form must be updated every January, and as changes occur in authorized personnel.

Authorized Individuals' Names:

Contractor Signature: _____ Print Name: _____

Acknowledgement

State of: _____ County of: _____

I, _____, a Notary Public for the State of _____,

Do hereby certify that _____ personally appeared before me on this date and acknowledge the execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, 20 ____.

My Commission expires _____

(Seal)

Notary Public Signature