

CITY OF FOREST PARK

Planning, Building and Zoning Department 785 Forest Parkway

Forest Park, Georgia 30297 (404) 608-2303 fax (404) 608-2306 www.forestparkga.org

Authorized Permit Agent Form

License verification	on by permitting office	e should be completed	by visiting sos.ga.gov/plb/
Licensed Contrac	ctor:Individ	ual	Qualifying Agent
Name of Licensee	d person		
*Please attach a copy	of Individual License or Co	ompany License (Reflects of	company and qualifying agent license number)
License number	of individual or quali	fying agent:	
Name of licensed	company (if applical	ble):	
License number	of company (if applic	able):	
			, hereby designate
Licensed Indi	vidual or Qualifying Agent		
			to apply for and obtain permit(s).
*Please attach a copy	of the authorized permit ag	ent's driver's license	
Project:			
Street address with a	apt. or suite number		
City	State	Zip Code	
			or a qualifying agent, do hereby affirm or ompanying documents are true and correct.
Signature of indivi	idual or qualifying age	nt	
State of		County of	
Subscribed and sw	orn to before me this_	day of	20
Signature of Notar	v Public		Seal