



Brunswick County Central Permitting AUTHORIZATION TO PULL PERMITS

DATE: ___/___/_____

LICENSE INFORMATION

(Information must be provided **EXACTLY** as seen on the North Carolina Licensing Board)

LICENSE NUMBER: _____ LICENSE TYPE: _____

COMPANY NAME: _____

QUALIFIER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PORTAL ACCOUNT OWNER/ADMIN'S NAME: _____

PRIMARY EMAIL: _____ PRIMARY PHONE NUMBER: (____) ____ - _____

I give the following individual(s) permission to pull permits under my license (if none, leave blank).

NAME	PHONE NUMBER	EMAIL ADDRESS

QUALIFIER SIGNATURE: _____ TITLE: _____

STATE OF NORTH CAROLINA, COUNTY OF BRUNSWICK

I, a Notary Public of the County and State aforesaid, certify that _____ personally appeared before me this day, and I have personal knowledge of the identity of the principal(s). I have seen satisfactory evidence of the principal's identity, by current state or federal identification with the principal's photograph in the form of a driver's license; each acknowledging to me that he/she/they voluntarily signed the foregoing document for the purpose stated therein an, in the capacity, indicated: This ___ day of _____, 20 ____.

My Commission Expires ___/___/_____

NOTARY'S PUBLIC SIGNATURE: _____ [OFFICIAL SEAL]

INTERNAL PROCESSING

PERMIT TECHNICIAN: _____ DATE OF PROCESSING: ___/___/_____