

SCOTLAND COUNTY INSPECTIONS DEPARTMENT
PERMIT AUTHORIZATION FORM
FOR BONAFIDE EMPLOYEES OF LICENSED CONTRACTOR
507 W. Covington Street, Laurinburg, NC 28352
Telephone (910)277-2415 Fax (910)277-3160

The Scotland County Inspections Department requires the licensed contractor to personally appear in our office to submit and pay for permits. Although not recommended, the licensed contractor may fill out this form, sign it and have it notarized and return it to our office, allowing a bonafide employee of the company to obtain a permit under contractor's license number. This information will be kept on file in our office and identification may be required. Contractors need to renew every 2 years.

DATE: _____

What type of license do you possess? _____ Building NC License # _____
 _____ Electrical NC License # _____
 _____ Plumbing NC License # _____
 _____ Mechanical NC License # _____

Contractor's Name: _____ Business Name: _____
Contractor's Business Address: _____
Telephone Number: _____ Fax Number: _____

Signature of Licensed Contractor

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 2 years.**

Bonafide Employee's Name (Please print)

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