



Authorized Permit Agent Form

FOR OFFICE USE ONLY
Submittal Date: _____ Permit #: _____

PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

2757 East Point Street, East Point, GA 30344 * Phone: (404) 270-7212 * Fax: (404) 270-2784

(ONE FORM PER PERMIT) * ORIGINAL SIGNATURES with Notary Wet Seal (NO COPIES OR FAXES ACCEPTED)

Permit Holder = person legally responsible for Permit; Authorized Permit Agent = person pulling the permit on Permit Holder's behalf

PROJECT ADDRESS INFORMATION
Address of Project: Apt / Suite / Unit #:
City: East Point State: GA Zip:
TYPE OF AUTHORIZATION (Choose One)
Licensed Contractor Authorizing Permit Agent:
Specialty Trade Owner Authorizing Permit Agent:
Homeowner Authorizing Permit Agent:
DESIGNATION OF AUTHORIZATION
Original Signature of Permit Holder (no copies or faxes accepted) Date
NOTARY PUBLIC My Commission Expires: (Notary Seal)