



SUB CONTRACTOR AUTHORIZATION FORM

ADDRESS:

City of Monroe
Permit Center
P.O. Box 69
Monroe, NC 28110

FAX: (704) 282-4735

EMAIL: PermitCenter@monroenc.org

PHONE: (704) 282-4524

Permit #: _____

Project Name: _____

Project Address: _____

I, _____, of _____ do
(Print Name) (Sub Contractor Company Name)

hereby authorize _____ to be my agent for the purpose of
(General Contractor Company Name)

filing application for the issuance of a/an _____ permit at the address
(Trade Type - Plumb, Mech, Elec)
listed above on my behalf.

NC license #: _____

Email Address: _____

NOTE: We cannot accept this form without it being completed in its entirety.

I also agree that all work done shall comply with the N.C. State Building Code and all other applicable State and local laws. I warrant that I possess the corporate or other organizational power to grant the authorization stated herein and that all requisite action of my company's management and/or governing body has been taken to enable me to make such authorization.

Signature

Print Name

Print Title

Date