MARIETTA FIRE DEPARTMENT
FIRE MARSHAL'S OFFICE – PLAN REVIEW
112 Haynes Street, 2nd Floor
Marietta, GA 30060
Office 770-794-5466
Fax 770-794-5465
www.mariettafire.com

Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor by: _____State Fire Marshal _____Secretary of State

Name of licensed person _____
*Please attach a copy of Individual license or Company License (Reflects license number)

License number of licensee: _____

Name of licensed company(if applicable)_____

License number of company(if applicable):_____

I, _____, hereby designate
Licensed Individual

_____ to apply for and obtain the permit(s) for the
*Please attach a copy of the authorized permit agent's driver's license.

project at:

_____
Street address

_____
Apartment or Suite Number

MARIETTA
_____
City Zip Code

I, the undersigned, being the contractor as a license holder issued by either the State Fire Marshal or the Secretary of State, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of licensed individual _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____20__

Signature of Notary Public_____ (Seal)