



Planning and Development
4303 Lawrenceville Road
Loganville, GA 30052
Tel: 770-466-2633

LETTER OF CONSENT TO OBTAIN PERMIT

A State of Georgia Licensing Board Authorized Permit Form submitted with application.

*** If a State of Ga. Licensing Board Authorized Permit Form is not attached fill out the following.**

To whom it may concern,

I, _____, grant _____ full authority to sign
(Name of owner) (Name of person signing)

all documents required to obtain a permit for _____
(Address)

and any other matters related to the above address permit application.

If you have any questions related to this matters, you may contact me using the information below.

Phone: _____

Email: _____

(Printed name of Owner)

(Signature of owner)

Date: _____

Subscribed and sworn before me on this _____ day of _____, 20__.

(Notary Public)

(My commission expires)

*** A copy of driver's license for each Owner and Signee must be attached and submitted with this form.**