## BUILDING PERMIT APPLICATION THE CITY OF FITZGERALD

Job Address:					
Owner's Name:	Phone #:				
Address:					
Street Address	City		Sate	Zip Code	
Contractor's Name:	Phone #:				
Address:Street Address			- <del></del>	Zip Code	
Street Address	City		Sate	Zip Code	
Short description of job (	for new construction pleas	se provide sq. ft.	and#	of bathroom:	s): 
Construction Value: \$					
be from here or another	ACTOR'S STATE LICENSE AN location in Georgia).	FEES			
TOTAL VALUATION	¢24	PEES			
\$1-\$500	\$24 \$24 for the first \$500, + \$3 for each additional \$100 or fraction thereof				
\$501-\$2,000	\$69 for the first \$2000 + \$11 for each additional \$1000 or fraction thereof				
\$2,001-\$40,000	\$487 for the first \$40,000 + \$9 for each additional \$1000 or fraction thereof				
\$40,001-\$100,000	\$1027 for the first \$100,000 + \$7 for each additional \$1000 or fraction thereof				
\$100,001-\$500,000	\$3827 for the first \$500,000 + \$5 for each additional \$1000 or fraction thereof				
\$500,001-\$1,000,000	\$6327 for the first \$1,000,000 + \$3 for each additional \$1000 or fraction thereof				
\$1,000,001- \$5,000,000	\$18,327 for the first \$5,000,000 + \$1 for each additional \$1000 or fraction thereof				
\$5,000,001 and over	\$18,327 for the mat \$3,000	,000 i qu'ioi cuei	T d d d i d i		
Please send to: FAX: 229-426-5066 or M	ail: 302 E Central Ave, Fitzg	gerald, GA 31750	)		
If you have any question	s, call the Building Departn	ment at (229) 42	6-5063	. Thank you.	
	or	-			
Signature of Owner		Signature of	Contra	actor	