PLUMBING PERMIT APPLICATION THE CITY OF FITZGERALD

Job Address:		Phone #:	
Owner's Name:	Phone #:		
Address:			71- C- d-
Street Address	City	Sate	Zip Code
Contractor's Name:	Phone #:		
Address:			
Street Address	City	Sate	zip Code
Short description of job:			
PLEASE ATTACH CONTRACTOR'S ST	ATE LICENSE AN	D LOCAL BUSINESS	LICENSE (loc
be from here or another location in			
		FEES	
BASE CHARGE	\$15		.
Electric Water	\$3 each		#
Fixture, Drain Trap, Plugged Opening			#
House Sewer	\$3 each		#
Please send to: FAX: 229-426-5066 or Mail: 302 E Co	entral Ave, Fitzg	erald, GA 31750	
If you have any questions, call the B	uilding Departm	ent at (229) 426-506	53. Thank yo
	0.5		
S'	_ or	Signature of Cont	ractor
Signature of Owner		Signature or contractor	