

MECHANICAL PERMIT APPLICATION

THE CITY OF FITZGERALD

Job Address: _____

Owner's Name: _____ Phone #: _____

Address: _____
Street Address City State Zip Code

Contractor's Name: _____ Phone #: _____

Address: _____
Street Address City State Zip Code

Short description of job:

Unit Value: \$ _____

PLEASE ATTACH CONTRACTOR'S STATE LICENSE AND LOCAL BUSINESS LICENSE (local license can be from here or another location in Georgia).

	FEES
VALUE UP TO \$1000	\$10
VALUE OVER \$1000	\$10 + \$2 for each additional \$1000

Please send to:
 FAX: 229-426-5066 or Mail: 302 E Central Ave, Fitzgerald, GA 31750

If you have any questions, call the Building Department at (229) 426-5063. Thank you.

 Signature of Owner

or

 Signature of Contractor