COMMERCIAL DEMOLITION PERMIT APPLICATION THE CITY OF FITZGERALD

Job Address:				
Owner's Name:	Phone #:			
Address:Street Address	City	Sate	Zip Code	
Contractor's Name:	PI	Phone #:		
Address: Street Address	City	Sate	Zip Code	
Short description of job:				
PLEASE ATTACH LOCAL BUSINES Georgia). PERN	SS LICENSE (local license ca			
Please send to: FAX: 229-426-5066 or Mail: 302	E Central Ave, Fitzgerald, G	6A 31750		
If you have any questions, call th	he Building Department at	(229) 426-5063	. Thank you.	
Signature of Owner	or Sign	nature of Contra	actor	