MECHANICAL PERMIT APPLICATION for THE CITY OF FITZGERALD

Job Address:					
Owner's Name:		Phone #: ()			
Address: Street Address	City		State	Zip Code	
Contractor's Name:		Phone #:		* 1 0 00000	
Address: Street Address	City		State	Zip Code	
Short description of job (Include Value					
Please also attach a copy of you and your GA State Mechanical I \$10.00 for the first \$1,000	r business lice	nse (from her			
\$2.00 for each additional \$1,0	00				
Please fax to (229) 426-5066 or If you have any questions call the	mail to 302 Ea e building dep	ast Central Av partment at (2	enue, I 29) 426	Fitzgerald, GA 31750 5-5063. Thank you.	
2 2 4 2					
Signature of owner	or	Signature of	contract	tor	