## RESIDENTIAL DEMOLITION PERMIT APPLICATION for THE CITY OF FITZGERALD

Job Address:			
Owner's Name:		Phone #: (	)
Address: Street Address	City		
Street Address	Спу	State	Zip Code
Contractor's Name:		Phone #: (	_)
Address: Street Address	City		
			Zip Code
Short description of job:			
Please also attach a copy of yo	our business license Price for Demolitic		surrounding county).
Please fax to (229) 426-5066 of you have any questions call			
Signature of owner	or	ignature of contract	etor