PLUMBING PERMIT APPLICATION
for
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: _____
_____.

Please also attach a copy of your business license (from here or a surrounding county) and your GA State Plumbers License.

$15.00 base charge

$3.00 for each electric water #_____

$3.00 for each fixture, drain trap, and plugged opening #_____

$3.00 for each house sewer #_____

Please fax to (229) 426-5066 or mail to 302 East Central Avenue, Fitzgerald, GA 31750. If you have any questions call the building department at (229) 426-5063. Thank you.

_____ or _____
Signature of owner Signature of contractor