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 #: (____) _____

Address: _____ _____ _____ _____
Street Address City State Zip Code

Short description of job (Include Value of Unit): _____
_____.

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

$10.00 for the first $1,000

$2.00 for each additional $1,000

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