

DEMOLITION 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

Description of job: _____

Please also attach a copy of your business license (from here or a surrounding county).

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

Signature of owner

or

Signature of contractor