



CODE DEPARTMENT PLUMBING PERMIT APPLICATION

Phone: 770-207-4674 Email: permits@monroega.gov

OFFICE PERMITTING HOURS: 8:00 a.m. – 4:00 p.m.

Construction Address: _____

Applicant Name: _____

Contractor's Name (if different from Applicant): _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Office: _____ Cell: _____

Email: _____

Plumbing License Information: *Provide a copy of the business license*

License Number: _____ Expiration Date: _____

License Holder's Name: _____

Check here if requesting permit as a home owner (not a contractor):

Permit Type: Commercial

Residential

Additional Information:

Of Backflow devices _____ # Of Sewer Systems _____

Of Interceptors or Separators _____ # Of Irrigation Systems _____

Of Other Water Connections _____ # Of Fire Sprinkler Systems/OWC _____

Of Medical Gas Systems _____ # Of Storm Water Systems _____

Of Water Heaters _____ # of Outlets for Gas _____

Repairs _____

Total number of fixtures permitted _____

Plumbing Value of Job: \$ _____

I hereby certify that the above information is true and correct.

Signature of Applicant

Print Name

Date