

## CODE DEPARTMENT RESIDENTIAL BUILDING PERMIT APPLICATION

Phone: 770-207-4674 Email: <a href="mailto:permits@monroega.gov">permits@monroega.gov</a>
OFFICE PERMITTING HOURS: 8:00 a.m. – 4:00 p.m.

Date:	Project Name & Lot #:		
Construction Address:			
	Current Address:		
City:	State:	Zip Code:	
Phone:	Email:		
General Contractor Name: _	24 Ho	24 Hour Contact:	
Contractor Address:			
	State:		
Phone - Office:	Cell:		
Email:			
1st: 2nd: Bonus Room: Garage: Basement: Heated Bonus Room: Heated Accessory Bldg: Heated Total Heated Sq. Ft.  Basement Type: Block Foundation Type: Slab	Unheated Unheated Valuation: \$	nent Height: ace: Pre-Fab Stick Frame	Masonry
	quired along street frontage.	water co	
APPLICANT, PLEASE READ A As the contractor, builder or authoriz on accompanying plans and specifica granted, I shall construct it according occupied or used until all inspections Applicant must hold a valid business work does not begin within 6 months permit.	ND SIGN THE FOLLOWING:  ed agent, I hereby apply for a permit to erect/alter areations. If a plot plan is required said structure is to be go to the laws of City of Monroe. I also understand the have been made and the Certificate of Occupancy/Colicense and contractor's license for the type of const of issuance. If project is not finished within one year mation is true and correct and understand that be	pe located as shown on the pl at the structure authorized by mpletion has been approved b truction to be permitted, if app or of issuance, please contact t	ot plan. If the permit is the permit shall not be y the Code Department. licable. Permit is void if he Code Office to renew
Signature of Applicant	Print Name		Date