CITY OF MONROE CODE OFFICE
PLUMBING PERMIT APPLICATION

215 North Broad Street/P.O. Box 725
Monroe, Georgia 30655
PHONE: (770) 207-4674 email: dadkinson@monroega.gov

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.

Construction Address:_____

Owner's name: _____

Lot #/Subdivision:_____

Contractors Name:_____

Complete Current Address:_____

City:_____State:_____Zip:_____

Phone # _____ Cell #_____Fax#_____

Permit type: (Commercial ___ or Residential ____)

# of Backflow Devices _____
# of Sewer Systems _____
# of Interceptors or Separators _____
# of Irrigation Systems _____
# of Other Water Connections _____
# of Medical Gas Systems _____
# of Storm Water Systems _____
# of traps/fixtures _____
# of Water Heaters _____

Plumbing Value of Job _____

_____ _____ _____
Signature of Applicant **Print Name** **Date**

Revised 10-22-14