CITY OF MONROE

BUILDING PERMIT APPLICATION RESIDENTIAL

Phone: (770) 207-4674 EMAIL: lwilson@monroega.gov OFFICE PERMITTING HOURS 8:00 a.m. – 4:00 p.m.

Date	Project Name & Lot #:			
Property Owner				
Current Address		City	State	Zip
Phone#:	Email:			
General Contractor				
Address:		City:	State: _	Zip:
Phone#:	_Cell#:	Email:		
Construction Address				
SIDEWALKS are requ	ired along street	frontage of all develo	opments, commer	cial or residential.
Square Footage 1st Floor: 2nd Floor: 2nd Floor: Bonus Rm: Hot: Unheated Basement: Heated Basement: Garage: Accessory Bldg: Total Heated Sq. Ft. Basement Type: Block Foundation Type: Slab	Unhtd: htd: Unh Poured	Building Height: # of Elevators: td: <mark>Valuation</mark>		Layout # Bedrooms Bathrooms Other Rooms Parking Spaces Fireplaces
Fireplace: Prefab	-	, Roof Truss	Floor Truss	Stick Frame
Electric Co.	•			
Please include a copy of your of issuance. If project is not f	inished within one y		tact the Code Office to	
Signature of Applicant	 	Print Name	Date	_/

Revised 8/13/2021