

CODE DEPARTMENT RESIDENTIAL BUILDING PERMIT APPLICATION

Phone: 770-207-4674 Email: permits@monroega.gov
OFFICE PERMITTING HOURS: 8:00 a.m. – 4:00 p.m.

Date:	Project Name & Lot #:		
Construction Address:			
Property Owner:	Current Address:		
City:	State:	Zip Code:	
Phone:	Email:		
General Contractor Name: _	24	Hour Contact:	
Contractor Address:			
City:	State:	Zip Code:	
	Email:		
_	UIRED TO BE SUBMITTED WITH TH		ERTY LINES MUS
<u>CLEARLY BE IDENTIFIED O</u>	N SITE PRIOR TO THE FIRST INSPEC	CTION.	
2nd: Garage: # of Parking Spaces: Basement: Heated Bonus Room: Heated Porches/Decks/Patios: Co Total Heated Sq. Ft. Basement Type: Block Foundation Type: Slab R	Unheated	# of Bathrooms: # of Other Rooms: # of Fireplaces: tal Unheated Sq. Ft. sement Height: eplace: Pre-Fab Stick Frame	
	quired along street frontage.		
APPLICANT, PLEASE READ A As the contractor, builder or authoriz accompanying plans and specification I shall construct it according to the l used until all inspections have been n hold a valid business license and cont within 6 months of issuance. If proje	ND SIGN THE FOLLOWING: ed agent, I hereby apply for a permit to erect/alt ns. If a plot plan is required said structure is to be aws of City of Monroe. I also understand that th nade and the Certificate of Occupancy/Completion tractor's license for the type of construction to be ect is not finished within one year of issuance, planation is true and correct and I understand that b	pe located as shown on the plot plan. e structure authorized by the permit in has been approved by the Code Dep e permitted, if applicable. Permit is vo ease contact the Code Office to renew	If the permit is granted shall not be occupied on the occupied or the occupied or the occupied or the occupied of the occupied occu
Signature of Applicant	 Print Name		 Date