



CODE DEPARTMENT

RESIDENTIAL REMODEL/RENOVATION BUILDING PERMIT APPLICATION

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

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

Construction Address: _____

Property Owner: _____

Phone – Home: _____ Cell: _____

Email: _____

City: _____ State: _____ Zip Code: _____

General Contractor Name: _____

24 Hour Contact – Name: _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Office: _____ Cell: _____

Email: _____

Total Square Footage: _____ Description of Work Being Done: _____

Location of Renovation:

☐ 1st Floor ☐ 2nd Floor ☐ Bedroom ☐ Basement ☐ Bathroom ☐ Kitchen

☐ Living Area ☐ Dining Area ☐ Other: _____

Foundation Type: Basement ☐ Block w/Crawl Space ☐ Poured Slab ☐

Value of Job: \$ _____

APPLICANT, PLEASE READ AND SIGN THE FOLLOWING:

As the contractor, builder or authorized agent, I hereby apply for a permit to erect/alter and use the structure as described herein and/or shown on accompanying plans and specifications. If a plot plan is required said structure is to be located as shown on the plot plan. If the permit is granted, I shall construct it according to the laws of City of Monroe. I also understand that the structure authorized by the permit shall not be occupied or used until all inspections have been made and the Certificate of Occupancy/Completion has been approved by the Code Department. **Applicant must hold a valid business license and contractor's license for the type of construction to be permitted, if applicable. Permit is void if work does not begin within 6 months of issuance. If project is not finished within one year of issuance, please contact the Code Office to renew permit.**

I hereby certify that the above information is true and correct and **I understand that before any inspections are made that erosion control measures shall be installed and properly maintained daily.**

Signature of Applicant

Print Name

Date

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