



CODE DEPARTMENT GAS ONLY PERMIT APPLICATION

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

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

Construction Address: _____

Contractors Name: _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Office: _____ Cell: _____

Email: _____

CLASS OF WORK: Residential Commercial

Number of Outlets for Gas: _____

New Repair Only

Value of job: \$ _____

Please include a copy of your current Business License and Contractors License. Permit is void if work does not begin within 6 months of issuance. Please call this office for inspections.

I hereby certify that the above information is true and correct.

Signature of Applicant

Print Name

Date