



# CODE DEPARTMENT MECHANICAL & GAS PERMIT APPLICATION

Phone: 770-207-4674 Email: [permits@monroega.gov](mailto:permits@monroega.gov)

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

**Construction** Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Contractor's Name (if different from Applicant): \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone – Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Mechanical License Information: \*Provide a copy of the business license\***

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

Check here if requesting permit as a home owner (not a contractor):

**Permit Type:** Commercial  Residential

**Additional Information:**

# Of Boilers over 10 hp \_\_\_\_\_ # Of Boilers under 10 hp \_\_\_\_\_

# Of A/C Systems \_\_\_\_\_ # Of Heating Systems \_\_\_\_\_

# Of Mini-Splits \_\_\_\_\_ # Of Exhaust Systems \_\_\_\_\_

# Of Grease Hoods \_\_\_\_\_ # Of Combo Heat & A/C Systems \_\_\_\_\_

# Of Air Intake Systems \_\_\_\_\_ Each incinerator \_\_\_\_\_

Each refrigerator system under 5 hp \_\_\_\_\_ Each refrigerator system over 5 hp \_\_\_\_\_

Each wood or gas burning heater \_\_\_\_\_ Each thru wall Heat Pump \_\_\_\_\_

# Of Outlets for Gas \_\_\_\_\_

Repairs \_\_\_\_\_

Mechanical Value of Job: \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant                      Print Name                      Date