



PLUMBING PERMIT APPLICATION

Construction Address: _____

Applicant's Name: _____

Contractor's Name (If different from Applicant):

Contractor's Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____ Email: _____

Plumbing License Information: *Provide a copy of the business license*

License Number & Expiration Date: _____

License Holder's Name: _____

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

Permit Type (check): Commercial or Residential?

Additional Information:

of Backflow Devices _____

of Sewer Systems _____

of Interceptors or Separators _____

of Irrigation Systems _____

of Other Water Connections _____

of Fire Sprinkler Systems/OWC _____

of Medical Gas Systems _____

of Storm Water Systems _____

of Water Heaters _____

of outlets for Gas _____

Repairs _____

Total number of fixtures permitted _____

Plumbing Value of Job _____

Signature of Applicant

Print Name

Date

Revised 7/19/2024

215 N Broad Street • PO Box 725 • Monroe GA 30655
770-207-4674 • permits@monroega.gov