



# CODE DEPARTMENT RESIDENTIAL ADDITION BUILDING 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: \_\_\_\_\_

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: \_\_\_\_\_ Number of Floors: \_\_\_\_\_ 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

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