

CITY OF MONROE
RESIDENTIAL REMODEL/RENOVATION PERMIT APPLICATION
PHONE: (770)207-4674 EMAIL: lwilson@monroega.gov
OFFICE PERMIT HOURS: 8:00 a.m. – 4:00 p.m.

Construction Address: _____

Property Owner: _____

Current Address: _____ City: _____ State: __ Zip: _____

Phone#: _____ Email: _____

24 Hour Contact Name: _____ Phone#: _____

General Contractor: _____

Address: _____ City: _____ State: __ Zip: _____

Phone#: _____ Cell#: _____ Email: _____

Total Square Footage for Renovation: _____

Description of Work Being Done: _____

Location of renovation:

1st Floor: __ 2nd Floor: __ Bedroom: __ Basement: __ Bathroom: __ Kitchen: __

Living Area: __ Dining Room: __ Other: __

Please Indicate type of Foundation:

Basement Wall ____ Block w/Crawl Space: ____ Poured Slab: ____

Value of Job: _____

Signature of Applicant

Print Name

____/____/____
Date