

**CITY OF MONROE**  
**BUILDING PERMIT APPLICATION RESIDENTIAL ADDITION**  
**Phone: (770) 207-4674 EMAIL: [lwilson@monroega.gov](mailto:lwilson@monroega.gov)**  
**PERMITTING OFFICE HOURS 8:00 a.m. – 4:00 p.m.**

Construction Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Current Address \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

24 Hour Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

General Contractor \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Total Square Footage of Addition: \_\_\_\_\_

1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_

Please include a copy of your Business License and Contractors License. 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.

All of the above information is true and correct.

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

Revised 8/12/2021