

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

Construction Address: _____

Contractors Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____ Email: _____

Permit type: (Commercial ___ or Residential ___)

Of Outlets for Gas _____

Repair only _____

Value of Job _____

**Please include a copy of you current Business License and Contractors License.
Permit is void if work does not begin within 6 months of issuance. Please call this
office for inspections.**

Signature of Applicant

Print Name

Date

Revised 8/12/2021