

**CITY OF MONROE**  
**MECHANICAL & GAS PERMIT APPLICATION**

PHONE: (770) 207-4674 email: lwilson@monroega.gov

**OFFICE PERMIT HOURS 8:00 a.m. until 4:00 p.m.**

Construction Address: \_\_\_\_\_ Lot# \_\_\_\_\_

Contractors Name: \_\_\_\_\_

Contractors Current Address: \_\_\_\_\_

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

Phone: Office: \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**Permit type: (Commercial \_\_\_\_\_ or Residential \_\_\_\_\_)**

Boiler 1 hp to 10 hp \_\_\_\_\_  
Boiler > 10 hp \_\_\_\_\_  
# Of A/C Systems \_\_\_\_\_  
# Of Air intake systems \_\_\_\_\_  
# Of Comb. Heat-A/C Systems \_\_\_\_\_  
# Of exhaust systems \_\_\_\_\_  
# Of Grease Hoods \_\_\_\_\_  
# Of Heating Systems \_\_\_\_\_  
Each incinerator \_\_\_\_\_  
Each Refrigerator System <5hp \_\_\_\_\_  
Each Refrigerator System >5hp \_\_\_\_\_  
Each Thru Wall Heat Pump \_\_\_\_\_  
Each Wood or Gas Burning Htr \_\_\_\_\_  
**# Of Outlets for Gas** \_\_\_\_\_  
Repairs \_\_\_\_\_

**Mechanical Value of Job** \_\_\_\_\_

Please send a copy of your current business license and state license, if applicable, for our records.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

Revised 08092021