



CODE DEPARTMENT POOL PERMIT APPLICATION

Phone: 770-207-4674 Email: permits@monroega.gov

OFFICE PERMITTING HOURS: 8:00 a.m. – 4:00 p.m.

Construction Address: _____

Property Owner: _____

Phone – Home/Office: _____ Cell: _____

Email: _____

General Contractor Name: _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Office: _____ Cell: _____

Email: _____

CLASS OF WORK: Residential ☐ Commercial ☐

Pool Type: In Ground ☐ Above Ground ☐

Fiberglass ☐ Cement ☐ Other ☐

Pool Dimensions: _____

Pool Valuation: \$ _____

Please provide a copy of your current Business License and State License, if applicable, for our records.

I hereby certify that the above information is true and correct.

Signature of Applicant

Print Name

Date