



CODE DEPARTMENT STREET CUT APPLICATION
Phone: 770-207-4674 Email: lwilson@monroega.gov
OFFICE PERMITTING HOURS: 8:00 a.m. – 4:00 p.m.

Property Location: _____

Contractor Name: _____

Contractor Address: _____

City: _____ State: _____ Zip Code _____

Phone: Office: _____ Cell: _____

Insurance Carrier Limits: _____

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Office: _____ Cell: _____

I hereby certify that the above information is correct and I understand that the City of Monroe will rely on this information in deciding whether to issue a street cut permit.
I understand that it is my responsibility to compact the fill to 95% and fill the top 6 inches with crusher run gravel.

Signature of Applicant Print Name Date

The above application for a permit to cut street is: GRANTED: __ OR DENIED __
This _____ day of _____, 20__

Issuing Officer