



CODE DEPARTMENT STREET CUT PERMIT APPLICATION

Phone: 770-207-4674 Email: permits@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: _____

Email: _____

Insurance Carrier Limits: _____

Property Owner Name: _____

Property Owner Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Home: _____ 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

Monroe Staff Only:

The above application for a permit to cut street is: GRANTED ☐ DENIED ☐

This _____ day of _____, 20_____

Issuing Officer