

**CITY OF UNION
INFORMATION REQUIRED
FOR PLAN REVIEW AND/OR A BUILDING PERMIT**

1. Submit a completed City of Union Zoning Review Application.
 2. Submit a completed Building Permit Application.
 3. Please complete the applicable applications: Plumbing, Electrical, Mechanical.
 4. Submit documents showing correct address of property to be built upon.
 5. Submit a site plan (see Zoning Review Application for requirements).
 6. Plan review fee is due at time of issuance of Building Permit.
- For all additions, renovations, remodeling, or new construction less than 5,000 square feet not classified as Assembly, Educational, or Institutional, please submit two (2) sets of plans (plan submittal requirements are available upon request) drawn to scale.
 - For all structures 5,000 square feet or more, or classified as Assembly, Educational, Institutional, or Hazardous, please submit three (3) complete sets of plans signed and sealed by a licensed professional.
 - For R-3 One and Two-Family Residential classifications, please submit only one (1) set of plans/or scope of work with detailed information such as: width and depth of footing, lumber spaces and o/c spacing, pier spacing, type of siding, use of structure, including specialty building, mechanical, electrical and plumbing systems & etc.
 - At the time of issuance of building permit a plan review fee will be due for all structures that are not R-3 One and Two-Family Residential classifications. Plan review fees and building permit fees are in accordance with the City of Union BUILDING & utility Permit Rates.
 - Typical review time is ten (10) working days. You will be notified upon completion of review.

CURRENT ADOPTED RESIDENTIAL CODES

2012 International Residential Code and Appendix G – Swimming Pools, Spas, Hot Tubs

CURRENT ADOPTED COMMERCIAL CODES

2012 – International Building Code
2012 – International Plumbing Code
2012 – International Mechanical Code
2012 – International Fuel/Gas Code
2012 – International Fire Code
2011 – National Electric Code
2009 – International Energy Conservation Code
2012 – International Existing Building Code
2012 – International Property Maintenance code
2009-American National Standards Institute, Accessibility Guidelines (ANSI A117.1)

All incomplete applications will not be processed and the contact person will be notified.

For questions pertaining to South Carolina Licensing requirements, please contact LLR at (803) 896-4696. For zoning questions or sign permit, please call City of Union Planning Department at (864) 429-1720. For building, electrical, plumbing or mechanical questions, please call Brian Blackwell in the City of Union Planning Department at (864) 429-1720. For inspection requests (24 hour notice), please call City of Union Planning Department at (864) 429-1720. Please have your permit number when scheduling an inspection. Permits are issued Monday – Friday 8:15 a.m. until 5:00 p.m.

**BUILDING PERMIT APPLICATION
CITY OF UNION**

PERMIT TYPE: RESIDENTIAL MOBILE HOME COMMERCIAL

PROJECT ADDRESS: _____

OWNERS/LEASEE NAME: _____

TAX PARCEL NO: _____ LOT#: _____ LAND AREA (SQ.FT.) ZONING _____

PERMIT INFORMATION:

TYPE OF WORK: NEW ADDITION ACCESSORY INTERIOR SHELL DEMO OTHER

TYPE OF CONSTRUCTION: I II III IV V VI

PROJECT SIZE (Sq. ft.): Heated _____ Unheated _____ #Stories _____ Basement? _____ Elevation _____ ft.

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: #ROOMS: _____ #BEDROOMS: _____ #BATHS: _____

WORK INCLUDES: ATTACHED CARPORT ATTACHED GARAGE MASONRY FIREPLACE(S)

MULTI-FAMILY: # UNITS: _____ # HANDICAPPED UNITS: _____ SPRINKLERS: YES

SERVICES:

ELECTRICAL:

NEW EXISTING TOTAL AMPS: _____ # CIRCUITS: SINGLE _____ DOUBLE _____ TRIPLE _____

TRANSFORMERS?

MECHANICAL:

GAS CONNECTIONS: _____ # APPLIANCE: _____ TYPE OF SYSTEM: _____

PLUMBING:

FIXTURES: _____ NEW WATER LINES NEW SEWER WATER HEATER

CONTRACTORS:

TYPE:	NAME & ADDRESS	LICENSE #	PHONE #	CONTRACT COST (NEAREST \$100)
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Bldg.

Elec.

Mech.

Plumb.

Arch.

Eng.

TOTAL ESTIMATED PROJECT COST: _____

COMMENTS: _____

CONTACT PERSON: _____ PHONE #: _____

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable law regarding the work,

SIGNATURE: _____ DATE: _____

CITY OF UNION

APPLICATION FOR ELECTRICAL PERMIT

Building Permit # _____ **Date:** _____

Request for an Electrical Permit on the property located at: _____

(Account #) (Lot or Street #) (Street) (Subdivision Name)

This Property Is: Residential () Commercial () Industrial ()

Size of service in amps: _____ **Total square footage of structure:** _____

Residential and Commercial

Schedule of Fees

A. Issuing Permits \$15.00 **Total** _____

B. Services

Residential – 100 Amp \$10.00 **Total** _____

200 Amp \$20.00 **Total** _____

Commercial \$35.00 **Total** _____

Temporary Pole \$15.00 **Total** _____

C. Branch Circuits **Residential** **Commercial** **Total** _____

For each branch circuit
Over current devices

Single Pole \$1.00 \$1.50 **Total** _____

Double Pole \$2.00 \$2.50 **Total** _____

Three Pole \$3.00 \$3.50 **Total** _____

TOTAL \$ _____

Cost of Job: _____

Property Owner _____

Address: _____

Name of General Contractor: _____

Name of Electrical Contractor: _____

Signature of Individual Requesting Permit: _____

CITY OF UNION

Application for Plumbing Permit

Building Permit #: _____ **Date:** _____

Request for a Plumbing Permit on the property located at: _____

This Property Is: Residential () Commercial () Industrial ()

Total square footage of structure: _____

PERMIT FEES:

For issuing each permit-----\$15.00 _____

PLUS THE FOLLOWING WHEN PROVIDED:

For each Plumbing Fixture – Floor Drain or Trap
(including Water & Drainage Piping)-----\$3.50 _____

Cost of Job: _____ **TOTAL \$** _____

NOTICE: Plans and specifications of all old and new plumbing work must be approved by the Plumbing Inspector before starting same.

Property Owner: _____

Name of General Contractor: _____

Name of Plumber: _____

Signature of Individual Requesting Permit: _____

CITY OF UNION

Application For Mechanical Permit

Building Permit #: _____ **Date:** _____

Request a permit to do Mechanical work on the property located at: _____

(Account #) (Lot or Street #) (Street) (Subdivision Name)

This property is: Residential () Commercial () Industrial ()

This work to consist of: New Installation () Addition or re-work ()

MECHANICAL PERMIT FEES

INITIAL FEE

For issuing each permit-----\$15.00 _____

ADDITIONAL FEES:

Fee for inspection heating, ventilating, ductwork, air-conditioning and refrigeration systems shall be \$15.00 for the first \$1,000.00 or fraction thereof, of valuation of the installation plus \$5.00 for each additional \$1,000.00 or fraction thereof. _____

TOTAL \$ _____

Property Owner: _____

Cost of Job: _____

Name of General Contractor: _____

Name of HVAC Contractor: _____

Signature of Individual Requesting Permit: _____

**CITY OF UNION
Application For Sign Permit**

FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED _____ REC'D BY: _____

DATE APPLICATION COMPLETED _____ REVIEWED BY: _____

DATE OF COMP'D REVIEW _____ STATUS OF REVIEW: _____

FEE: Same as Bldg. Permit Schedule. (If illuminated, will require an electrical permit)

1) NAME OF APPLICANT _____

2) APPLICANT'S MAILING ADDRESS _____

3) APPLICANT'S PHONE # _____

4) REPRESENTATIVE OF APPLIANT _____

5) REPRESENTATIVE'S MAILING ADDRESS _____

6) REPRESENTATIVE'S PHONE # _____

7) STREET ADDRESS OF SUBJECT PROPERTY _____

8) NEAR-BY REFERENCE POINTS TO PROPERTY _____

9) SUBJECT PROPERTY'S TAX ID # _____

10) ZONING DISTRICT _____

11) COST OF JOB: \$ _____

SUBMIT A SITE PLAN SHOWING THE LOCATION, SIZE, HEIGHT, ILLUMINATION AND MATERIALS TO BE USED AND ANY OTHER INFORMATION DEEMED NECESSARY BY THE CITY OF UNION PLANNING DEPARTMENT.

I HEREBY AUTHORIZE THE PERSON LISTED IN ITEM 4 ABOVE TO REPRESENT ME IN ANY AND ALL ACTIONS PERTAINING TO THIS APPLICATION.

THE UNDERSIGNED DOES HEREBY VERIFY THAT THEY ARE THE APPLICANT THERE OF AND ACCEPTS RESPONSIBILITY FOR ACCURACY AND GIVES THE CITY OF UNION PERMISSION TO OBTAIN WHATEVER INFORMATION IS NECESSARY TO REVIEW THIS APPLICATION.

NAME OF APPLICANT/AGENT

DATE



**CERTIFICATE
OF
ZONING COMPLIANCE**

**Planning Department
101 Sharpe Avenue or PO Box 987
Union, S.C. 29379
Phone: (864) 429-1720
Fax: (864) 429-1686**

Name of Business: _____

Applicant (Name): _____

Mailing Address: _____ Phone: _____

Property Address: _____

Property Owner (If different); _____

Proposed Use or Request: _____

Hours of Operation: _____ Will Alcohol be Served: _____

Previous Use (If known): _____ If vacant, how long (if known): _____

Certifications: The applicant certifies information on this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void. Applicant also attests that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested. Applicant also agrees to the conditions in the City of Union Zoning Code.

Signature of Applicant _____ Date Submitted: _____

FOR OFFICE USE ONLY

If incomplete, returned:

Date Filed _____ () Fee Paid/Receipt#: _____

Zoning District: _____ Required Parking Spaces for Use _____

Proposed Use is: () Permitted () Special Exception () Prohibited () Same Use () Change of Use

Zoning Permit is: () Approved () Denied () Temporary

() Forms/Docs Attached: _____

Comments: _____

Zoning Administrator/Designee: _____ Date: _____

This Certification of Compliance is issued in accordance with Section 105 of the City of Union Zoning Code. If a request is denied, the applicant has the right to appeal within 15 days of this determination. Appeal forms are available in the Planning Department of the City of Union, 101 Sharpe Avenue, Union, South Carolina, Phone (864) 429-1720, Fax (864) 429-1686



**City of Union
Planning Department**

STATEMENT OF INTENDED USE

Name of Business: _____

Address of Business: _____

Applicant: _____

Please state in writing a complete detail of the intended use of the property listed above:

Certification: The applicant certifies information on this statement is true and correct. If any information is false or misleading, the zoning permit shall be considered void.

Signature & Title of Applicant

Date

Applicant's Printed Name



**City of Union
Planning Department**

STATEMENT OF INTENDED SCOPE OF WORK

Name of Property Owner/Business: _____

Site Location: _____

Pleas state in writing a complete detail of the work to be done on the property listed above:

Certification: The applicant certifies information on this statement is true and correct. If any information is false or misleading, the permit shall be considered void.

Signature & Title of Applicant

Date

Applicant's Printed Name

Business Name