

CITY OF UNION
BUILDING DEPARTMENT
101 Sharpe Ave
Union SC 29379
Phone (864) 429-1720 Fax (864) 429-1686

MECHANICAL PERMIT APPLICATION

TAX PARCEL #: _____

PROJECT ADDRESS: _____

OWNERS NAME: _____

PROPERTY TYPE: RESIDENTIAL COMMERCIAL

DESCRIPTION: _____

NEW REMODEL EXISTING ADDITION

GAS: BTU'S _____ PRESSURE _____

PERMIT FEE

Fee for inspection of heating, ventilating, ductwork, air conditioning and refrigeration systems shall be \$15.00 for the first \$1,000 or fraction thereof, of valuation of the job plus \$5.00 for each additional \$1,000 or fraction thereof.

TOTAL ESTIMATED PROJECT COST: _____

GENERAL CONTRACTOR: _____

MECHANICAL/HVAC CONTRACTOR: _____

I HEREBY CERTIFY: That I have read this application and that all information contained herein is true and correct. That I agree to comply with all City Ordinances and State Laws regulating building construction. That I am the owner or authorized by the owner to perform the herein work described.

SIGNATURE _____ DATE _____