



City of Union Building Department
 101 Sharpe Ave Union SC 29379
 Phone (864) 429-1720 Fax (864) 429-1686

PLUMBING PERMIT APPLICATION

Tax Parcel # _____ Application Date _____

Property Address _____

Property Owner _____

Property Type: RESIDENTIAL COMMERCIAL

New Remodel Change out Fixtures Repairs Addition

Cost of Project: _____

Description of work being performed: _____

By signing below, I hereby certify that I am licensed under the provisions of the SC Dept. of Labor, Licensing & Regulations or I am the property owner, and the information given is correct and true. I agree to conform to all Ordinances and regulations of the City of Union pertaining hereto and in accordance with all plans submitted and approved.

FEES: PLUMBING FIXTURES \$3.50 EACH PERMIT ISSUE FEE \$15.00

<u>FIXTURE TYPE</u>	<u>NEW</u>	<u>CHANGE/OUT</u>
Bathtub	_____	_____
Drinking Fountain	_____	_____
Dishwasher	_____	_____
Garbage Disposal	_____	_____
Floor Drain	_____	_____
Grease Trap	_____	_____
Interceptor	_____	_____
Laundry Tub	_____	_____
Lavatory	_____	_____
Sewer Connection	_____	_____
Shower	_____	_____
Sink Pot 3 Compartment	_____	_____
Sink Residence	_____	_____
Sink Slop	_____	_____
Other	_____	_____
Urinal	_____	_____
Washing Machine	_____	_____
Water Closet	_____	_____
Water Heater	_____	_____
Sewer Ejector	_____	_____
Floor Sink	_____	_____
Bar Sink	_____	_____

Total: _____

LICENSED CONTRACTOR/OWNER SIGNATURE _____ DATE: _____