

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

**RESIDENTIAL BUILDING PERMIT APPLICATION**

TAX PARCEL #: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

TYPE OF WORK:  NEW  ADDITION  ACCESSORY  INTERIOR  SHELL  DEMO  OTHER

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROJECT SIZE (SQ. FT.): HEATED \_\_\_\_\_ UNHEATED \_\_\_\_\_

# ROOMS \_\_\_\_\_ # BEDROOMS \_\_\_\_\_ # BATHS \_\_\_\_\_

WORK INCLUDES:  ATTACHED CARPORT  ATTACHED GARAGE

**SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, MECHANICAL, AND PLUMBING CONTRACTORS**

TOTAL ESTIMATED PROJECT COST: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_

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 \_\_\_\_\_