

COUNTY OF UNION
DEPARTMENT OF BUILDING SAFETY
1246 S. Duncan By-Pass Suite B
Union, S.C. 29379
Phone (864) 424-2341 Fax (864) 427-7851

PLUMBING PERMIT APPLICATION

TAX PARCEL #: _____

PROJECT ADDRESS: _____

OWNERS NAME: _____

PROPERTY TYPE: RESIDENTIAL COMMERCIAL INDUSTRIAL

DESCRIPTION: _____

NEW REMODEL EXISTING ADDITION

TYPE OF WORK

FIXTURES _____ WATER HEATER NEW SEWER NEW WATER LINES

TOTAL ESTIMATED PROJECT COST: _____

COMPANY NAME _____

COMPANY ADDRESS _____

LICENSEE NAME: _____ LICENSE # _____

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 County 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 _____