

TOWN OF UNION - MASONRY PERMIT

Date _____ Permit # _____
Bldg. Permit # _____

Location _____

Owner _____

Contractor _____ Lic # _____

Address _____

_____ Phone _____

Work to be done _____

Number of flues _____ Appliance to be Vented

Size of flue #1 _____ x _____

Size of flue #2 _____ x _____

Size of flue #3 _____ x _____

Number of fireplaces _____

Applicant certifies that all information given is correct and all pertinent ordinances will be adhered to.

Signature - Contractor

Signature - Bldg. Off.