

# PLUMBING PERMIT

TOWN OF UNION

BLDG. DEPT. USE

FEE \$ _____
PERMIT # P - _____
VERIFIED BY* _____

DATE \_\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_

CONTRACTOR'S LICENSE NO. \* \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

OWNER \_\_\_\_\_

KIND OF BUILDING \_\_\_\_\_ USED AS \_\_\_\_\_

NEW <input type="checkbox"/>	ADDITION <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	REPAIR <input type="checkbox"/>
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TYPE	NUMBER	TYPE	NUMBER
Stacks		Sump	
Sinks		Shower	
Baths		Urinal	
Water Closet		Catch Basin	
Lavatory		Dishwashing Machine	
Tank and Heater		Humidifier	
Laundry Tray		Garbage Grinder	
Water Distribution Systems		Washing Machine	
Floor Drains		Special Wastes	
Sewage Ejector		Rainwater Leaders	
Other			

PLEASE DESCRIBE SCOPE OF WORK:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL WORK FOR WHICH THIS PERMIT IS ISSUED WILL BE COMPLETED IN ACCORDANCE WITH ALL APPLICABLE CODES.

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

Signature of Contractor \_\_\_\_\_

Signature of Building Official - Date \_\_\_\_\_