

**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.