

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 _____