

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

**RESIDENTIAL BUILDING PERMIT APPLICATION**

TAX PARCEL #: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

TYPE OF WORK:  NEW  ADDITION  ACCESSORY  INTERIOR  SHELL  DEMO  OTHER

DESCRIPTION: \_\_\_\_\_

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PROJECT SIZE (SQ. FT.): HEATED \_\_\_\_\_ UNHEATED \_\_\_\_\_

# ROOMS \_\_\_\_\_ # BEDROOMS \_\_\_\_\_ # BATHS \_\_\_\_\_

WORKS INCLUDES:  ATTACHED CARPORT  ATTACHED GARAGE

**ELECTRICAL:**

NEW  EXISTING TOTAL AMPS: \_\_\_\_\_

**MECHANICAL:**

# GAS CONNECTIONS \_\_\_\_\_ PRESSURE/BTU'S OF SYSTEM: \_\_\_\_\_

**PLUMBING:**

# FIXTURES: \_\_\_\_\_  NEW WATER LINES  NEW SEWER  WATER HEATER

**CONTRACTORS:**

TYPE:	NAME/ADDRESS	LICENSE #	PHONE#	COST
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BLDG: \_\_\_\_\_

ELEC. \_\_\_\_\_

MECH \_\_\_\_\_

PLUMB \_\_\_\_\_

TOTAL ESTIMATED PROJECT COST: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_

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 \_\_\_\_\_