



Union County Mechanical Permit Application

Date: _____

Site Information

Subdivision Name: _____ Lot #: _____

Address: _____ City: _____ Tax Parcel # **(REQUIRED)** _____

(Circle one) **Commercial or Residential** (circle one) **System Pressure** 0.5 PSI 2.0 PSI 5 PSI

Contractor Information: Contractor Fax#: _____ Email **(REQUIRED)** _____

Mechanical (as licensed): _____ License #: _____ Phone#: _____

Electrical (as licensed): _____ License #: _____ Phone#: _____

Plumbing (as licensed): _____ License#: _____ Phone#: _____

Owners Information

Name: _____ Associated Building Permit # (if applicable) _____

Address: _____ City: _____ State: _____

Zip: _____ Phone#: _____

Utilities: () New (Gas Company Notification Requested) Gas Company: _____

<u>Quantity</u>	<u>Description – Check ALL that apply</u>	<u>Check ALL that apply (required)</u>
_____	Heat Pump	_____ Air Handler Changed
_____	Package Unit	_____ Coil Changed
_____	Furnace with AC	
_____	AC Only	
_____	Radiant Heat System	<u>Number and location of Unit(s) Installed (required)</u>
_____	Unit Heater	_____ Inside Home (also includes garages)
_____	Fireplace Insert	_____ Attic
_____	Gas Logs	_____ Outside
_____	Gas Light	_____ Crawl
_____	Gas Grill	
_____	Gas Water Heater (change out)	
_____	LP to Nat. (list existing items converting)	
_____	Electrical Service Upgrade Amps _____	
_____	Other _____	
	Note: Per R321.1 Contractor is responsible for scheduling access with homeowner. Proper identification of location is required via vendor sign or obvious mailbox/house marking.	Include any additional comments here:

Applicant Signature: _____ Print Name: _____

Method of Payment: () Account () Cash or Check () Credit Card **Incomplete applications WILL BE RETURNED**