

City of Union
Water Permit/ Sewer Permit
 500 East Locust St.
 Union, MO 63084
 Phone: (636) 583-1805 Fax: (636) 583-4509

PERMIT NO.
DATE

<u>BUILDING ADDRESS:</u>	Is Permit for a SPRINKLER SYSTEM? YES <input type="checkbox"/> NO <input type="checkbox"/>
--------------------------	---

<u>OWNER AND ADDRESS:</u>	<u>PHONE NO.</u>	If a contractor is doing the work, do they have a CURRENT CITY OF UNION BUSINESS LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> N/A <input type="checkbox"/>
	<u>CELL PHONE NO.</u>	

<u>CONTRACTOR NAME & ADDRESS:</u>	<u>PHONE NO.</u>	The City of Union DOES NOT do taps over 1". Any tap over 1" needs to be done by the contractor.
	<u>CELL PHONE NO.</u>	

<u>DESCRIPTION OF WORK:</u>	The City of Union does not carry any meters over 2". A meter over 2" will have to be ordered. Please allow extra time for delivery. METER SIZE _____ METER NUMBER _____ MIU NUMBER _____
-----------------------------	---

<u>WATER PERMIT</u>	<u>SEWER PERMIT</u>	<u>TOTAL AMOUNT</u>
_____ Permit Fee	_____ Permit Fee	_____ TOTAL WATER FEES
_____ Meter & Reader	_____ Sewer Tap & Fittings	_____ TOTAL SEWER FEES
_____ Fittings & Equipment	_____ Inspection	_____ TOTAL AMOUNT DUE
_____ Tap Charge	_____ TOTAL	
_____ Inspection		
_____ TOTAL		

I have carefully examined and read the contents of this application and know that the information contained herein is correct, and that in doing the work described herein that all provisions of the Ordinances of the City of Union – Union, MO and the applicable laws of the State of Missouri will be complied with. I further accept the conditions as required to obtain this permit.

Date: _____ Signed: _____
 Permit Issued By: _____

<u>Paid by Check No.</u> _____
Paid by Cash <input type="checkbox"/>
Paid by Visa <input type="checkbox"/> M/C <input type="checkbox"/> Debit <input type="checkbox"/>