



City of Union

**WATER PERMIT/SEWER PERMIT**

10 E. Locust Street  
 Union, MO 63084

Phone: (636) 583-1805 Fax: (636) 583-4091

<u>Permit No.</u>
<u>Date</u>

<u>Building Address:</u>	<u>Are all necessary easements acquired?</u> YES NO	<b>Is Permit for a SPRINKLER SYSTEM?</b> YES NO
<u>Owner &amp; Address:</u>	<u>Phone or Cell No.</u>	The City of Union DOES NOT do taps over 1". Any tap over 1" needs to be done by the contractor.
<u>Email address:</u>		
<u>Contractor Name &amp; Address:</u>	<u>Phone or Cell No.</u>	
<u>Description of Work:</u>	The City of Union does not carry any meters over 2". Please allow extra time for ordering.	
<b>Does Contractor have a CURRENT City of Union Business License?</b> YES      NO      PENDING      N/A		

Meter No. \_\_\_\_\_ MIU \_\_\_\_\_ Address \_\_\_\_\_ Cost \_\_\_\_\_ Size \_\_\_\_\_

Meter No. \_\_\_\_\_ MIU \_\_\_\_\_ Address \_\_\_\_\_ Cost \_\_\_\_\_ Size \_\_\_\_\_

Meter No. \_\_\_\_\_ MIU \_\_\_\_\_ Address \_\_\_\_\_ Cost \_\_\_\_\_ Size \_\_\_\_\_

<u>WATER PERMIT</u>	<u>SEWER PERMIT</u>	<u>TOTAL AMOUNT DUE</u>
_____ Permit Fee	_____ Permit Fee	_____ Total Water Fees
_____ Meter(s) & Reader	_____ Sewer Tap & Fittings	_____ Total Sewer Fees
_____ Fittings & Equip.	_____ Inspection	_____ TOTAL AMOUNT
_____ 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 provision 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 condition as required to obtain this permit.

Signed: _____ Date: _____  Permit Issued By: _____	Paid By: Check No. _____ Cash                      Credit/Debit
--	---