

**TOWN OF BLYTHEWOOD**  
**POST OFFICE BOX 1004, 171 LANGFORD ROAD**  
**BLYTHEWOOD, SC 29016**  
**(803)754-0501**                      **FAX (803) 754-0563**

**GAS FIRED EQUIPMENT PERMIT APPLICATION**

Building Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Application is hereby made for a permit to install or modify a heating, air conditioning or refrigeration system described here; or, to install, repair, alter or extend a gas installation as described herein and shown in the accompanying plans and specifications. The information which follows and any accompanying plans and specifications with the representations therein contained are hereby made a part of this application.

Location of Building: \_\_\_\_\_

Nature of Proposed Work: \_\_\_\_\_

Work to be done in building being:     Constructed     Remodeled     Existing

Occupied by: \_\_\_\_\_ Specific Use: \_\_\_\_\_

DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_

**GAS FIRED EQUIPMENT**

Gas Yard Line Size: \_\_\_\_\_ # Meters Existing: \_\_\_\_\_ # Meters Added: \_\_\_\_\_

# Fixtures:	BTU/Hr. Demand	Fee
_____ Domestic Gas Range	_____	_____
_____ Water Heater ___ Gal.	_____	_____
_____ Furnace	_____	_____
_____ Boiler	_____	_____

Others: \_\_\_\_\_

Total Estimated Cost-Equipment plus Installation    \$ \_\_\_\_\_    Fee \$ \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Plumbing Contractor \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate the Building Code, Zoning Code or other ordinances of the Town of Blythewood, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or and alteration or change from this application without the approval of the Building Official, shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.

Signed \_\_\_\_\_ Address \_\_\_\_\_