

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

**HEATING, AIR CONDITION & REFRIGERATION PERMIT**

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

Application is hereby made for a permit to install or modify a heating, air conditioning or refrigeration system described herein. The information which follows and any accompanying plans and specifications with the representations therein contained are hereby made part of this application.

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

Nature of Proposed Work: Install \_\_\_\_\_ Modify \_\_\_\_\_

Work will be done in building being:  Constructed  Remodeled  Existing

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

Description of Proposed Work: \_\_\_\_\_

	Manufacturer	Model Number	KW or BTU rating
Heating Equipment:	_____	_____	_____
Air Conditioning Equipment:	_____	_____	_____
Refrigeration Equipment:	_____	_____	_____

Manufacturer's name, classification and size of water conservation equipment \_\_\_\_\_

Total Estimated Cost-Equipment plus installation \$ \_\_\_\_\_ Fee: No Charge

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

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 \_\_\_\_\_