

**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 _____