



Town of Gaston
 PO Box 429
 Gaston, SC 29053
 803-796-7725

RECEIPT # _____
 ISSUE DATE _____
 FEE AMOUNT: _____

**Gas Inspection
 Permit Application**

Application is hereby made for permit to install or modify a heating, air conditioning or refrigeration system described herein; 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 the accompanying plans and specifications with the representations therein contained are hereby made a part of this application. ALL WORK MUST BE DONE BY A CERTIFIED/LICENSED CONTRACTOR.

BUILDING

Location / Address	
Owner	Occupant
Description of Proposed Work / Specific Use	

GAS FIRED EQUIPMENT

Gas Yard Line Size	# Meters Existing	# Meters Added
# of Fixtures	<u>BTU / Hour Demand</u>	
_____ Domestic Gas Range	_____	
_____ Water Heater _____ Gallons	_____	
_____ Furnace	_____	
_____ Boiler	_____	
_____ Other _____	_____	

OWNER / AUTHORIZED AGENT

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

NAME		
ADDRESS		
PHONE	LICENSE #	ME#
SIGNATURE	DATE	
<u>FOR P&D OFFICE USE</u>		
TMS#	ISSUED BY	DATE
INSPECTION APPROVED OR DENIED	BUILDING OFFICIAL	DATE