



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

RECEIPT # _____
 ISSUE DATE _____
 FEE AMOUNT: \$30.00

Gas Safety
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 |
|----------------------------------|-------------------|--------------------------|
| <u># of Fixtures</u> | | <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 |