

HVAC & Refrig.
Permit Application

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

RECEIPT #	
ISSUE DATE	
FEE AMOUNT:	

	permit to install or modify a hea		
			rith the representations therein contained FIED / LICENSED CONTRACTOR.
NATURE OF PROPOSED W	ORK (indicate one): WO	RK WILL BE DONE IN	BUILDING BEING (indicate one)
Install	<u></u>	Constructed	BUILDING BELLIO
Modify		Remodeled	Existing
BUILDING			
Location / Address			
Owner	Occupant		
Description of Proposed Work	x / Specific Use		
EQUIPMENT TYPE	MANUFACTURER	MODEL#	KW OR BTU RATING
Heating			
Air Conditioning			
Refrigeration			
Manufacturer's Name	Classification	Size of W	ater Conservation Equipment
CONTRACTOR(S)			
Company Name	HVAC or Electrical Contractor Name License # ME# or MP #		
TOTAL COST OF JOB:	ESTIMATED DATE OF COMPLETION:		
APPLICANT			
			oes not constitute a privilege to violate
			r misrepresentation of fact with or
			n without the approval of the Building h was based on the approval of this
application.	lent ground for the revocation of	If ally permit issued which	n was based on the approval of this
NAME	PHONE		
ADDRESS			
SIGNATURE			DATE
	FOR P&D	OFFICE USE	
TMS#	ISSUED BY		DATE
INSPECTION APPROVED O	R DENIED BY	UILDING OFFICIAL	DATE