

# Gas Inspection Permit Application

**ISSUE DATE:** \_\_\_\_\_

*Application is hereby made for a permit to install or modify a heating, air conditioning or refrigeration system described here; 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.*

**BUILDING**

Location/Address	
Owner	Occupant
Description of Proposed Work	Specific Use

**GAS FIRED EQUIPMENT**

Gas Yard Line Size	# of Meters Existing	# Meters Added
<b># OF FIXTURES</b>		<b>BTU / HOUR DEMAND</b>
<input type="checkbox"/> Domestic Gas Range	_____	_____
<input type="checkbox"/> Water Heater _____ Gallons	_____	_____
<input type="checkbox"/> Furnace	_____	_____
<input type="checkbox"/> Boiler	_____	_____
<input type="checkbox"/> Other _____	_____	_____

**CONTRACTOR**

Gas Contractor	License #	GE #
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**TOTAL COST OF JOB**

**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, Zoning Ordinance, or other Ordinances of the Town of Batesburg-Leesville; 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.

Owner	Signature [Owner/Authorized Agent]
Address	

**FOR P&D OFFICE USE**

TMS #	Zoning	Issued By	Date
<input type="checkbox"/> Approved		Approved/Denied By	Date
<input type="checkbox"/> Denied [Reason]			
Flood Zone:	FIRM #:	Effective Date:	

**FOR BUILDING OFFICIAL USE**

1 <sup>ST</sup> Inspection: _____	Date: _____	2 <sup>ND</sup> Inspection: _____	Date: _____
Final Inspection: _____	Date: _____	Remarks: _____	

**FOR FINANCE OFFICE USE**

Receipt #	Date	Fee