

# Gas SAFETY Permit Application



City of Cayce  
South Carolina

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 _____	_____	_____

### 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 City of Cayce; 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	Phone
Signature [Owner or Authorized Agent]	Date

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
		<b>\$30.00</b>