

HVAC & Refrig. Permit Application



City of Cayce
South Carolina

ISSUE DATE: _____

Application is hereby made for permit to install or modify a heating, air conditioning or refrigeration system described herein. The information which follows and the accompanying plans and specifications with the representations therein contained are hereby made apart of this application.

NATURE OF PROPOSED WORK [indicate one]:		WORK WILL BE DONE IN BUILDING BEING [indicate one]:	
<input type="checkbox"/> Install	<input type="checkbox"/> Modified	<input type="checkbox"/> Constructed	<input type="checkbox"/> Remodeled <input type="checkbox"/> Existing

BUILDING

Location/Address _____

Occupant Name _____	Owner Name _____
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Description of Proposed Work / Specific Use _____

EQUIPMENT TYPE	MANUFACTURER	MODEL #	KW OR BTU RATING
Heating			
Air Conditioning			
Refrigeration			
Manufacturer's Name	Classification	Size of Water Conservation Equipment	

CONTRACTOR(S)

Company Name _____

Electrical Contractor Name _____	License # _____	ME # _____
HVAC Contractor Name _____	License # _____	MP # _____

TOTAL COST OF JOB _____	ESTIMATED DATE OF COMPLETION _____
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APPLICANT

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 [print] _____	Phone _____
Address _____	
Signature _____	Date _____

FOR P&D OFFICE USE			
TMS # _____	Zoning _____	Issued By _____	Date _____
<input type="checkbox"/> Approved	Approved/Denied By _____		Date _____
<input type="checkbox"/> Denied [Reason] _____	FIRM #: _____	Effective Date: _____	

FOR BUILDING OFFICIAL USE			
1 ST Inspection: _____	Date: _____	2 ND Inspection: _____	Date: _____
Final Inspection: _____	Date: _____	Remarks: _____	

FOR FINANCE OFFICE USE		
Receipt # _____	Date _____	Fee _____