



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

G

City/Town: \_\_\_\_\_, MA. Date: \_\_\_\_\_ Permit# \_\_\_\_\_

Building Location: \_\_\_\_\_ Owners Name: \_\_\_\_\_

Type of Occupancy: Commercial  Educational  Industrial  Institutional  Residential

New:  Alteration:  Renovation:  Replacement:  Plans Submitted: Yes  No

FIXTURES

	CONVERSION BURNER	DIRECT VENT HEATERS	DRYERS	FURNACES	GAS GENERATORS	GRILLES	HEATER RANGE	HEATING BOILERS	LABORATORY COCKS	OVENS	POOL HEATERS	RANGES	ROOF TOP UNITS	TESTS	UNIT HEATERS	UNVENTED ROOM HTRS.	VENTED ROOM HTRS.	WATER HEATERS	OTHER FIXTURES:	
SUB BSMT.																				
BASEMENT																				
1 <sup>ST</sup> FLOOR																				
2 <sup>ND</sup> FLOOR																				
3 <sup>RD</sup> FLOOR																				
4 <sup>TH</sup> FLOOR																				
5 <sup>TH</sup> FLOOR																				
6 <sup>TH</sup> FLOOR																				
7 <sup>TH</sup> FLOOR																				
8 <sup>TH</sup> FLOOR																				

Installing Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Licensed Plumber/Gas Fitter: \_\_\_\_\_

Check One Only      Certificate #

Corporation      \_\_\_\_\_

Partnership      \_\_\_\_\_

Firm/Company      \_\_\_\_\_

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL, Ch. 142 Yes  No

If you have checked Yes, please indicate the type of coverage by checking the appropriate box below.

A liability insurance policy       Other type of indemnity       Bond

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Check One Only  
Owner       Agent

Signature of Owner or Owner's Agent \_\_\_\_\_

By checking this box ; I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my Knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By \_\_\_\_\_  
Title \_\_\_\_\_  
City/Town \_\_\_\_\_  
APPROVED (OFFICE USE ONLY)

Type of License:  
 Plumber  
 Gas Fitter  
 Master  
 Journeyman  
 LP Installer

Signature of Licensed Plumber/Gas Fitter \_\_\_\_\_

License Number: \_\_\_\_\_