



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

_____, Mass. Date _____ 19____ Permit # _____

Building Location _____ Owner's Name _____

_____, Type of Occupancy _____

New Renovation Replacement Plans Submitted: Yes No

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

Installing Company Name _____

Address _____

Business Telephone _____

Name of Licensed Plumber or Gas Fitter _____

Check one: Certificate _____

Corporation _____

Partnership _____

Firm/Co. _____

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 coverage by checking the appropriate box.

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 Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:
 Owner Agent

Signature of Owner or Owner's Agent _____

I hereby certify that all of the details and information I have submitted (or entered) in above 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 provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

Type of License:

Plumber

Gasfitter

Master

Journeyman

Signature of Licensed Plumber or Gas Fitter _____

License Number _____

PROGRESS INSPECTION

BELOW FOR OFFICE USE ONLY

SKETCHES

FINAL INSPECTION

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO GASFITTING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER OR GASFITTER

LIC. NO.

PERMIT GRANTED

DATE _____ 19 _____

GAS INSPECTOR