



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

Table with columns for fixture types (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) and rows for floors (Sub Bsmt., Basement, 1st Floor, 2nd Floor, 3rd Floor, 4th Floor, 5th Floor, 6th Floor, 7th Floor, 8th 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.

Signature of Owner or Owner's Agent _____
Check One Only
Owner 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: _____

FINAL INSPECTION

BELOW FOR OFFICE USE ONLY

PROGRESS INSPECTION(S)

FEE: \$ _____ PERMIT # _____

APPLICATION FOR PERMIT TO DO GAS FITTING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER, GASFITTER, LP INSTALLER

LICENSE NUMBER: _____

PERMIT GRANTED DATE: _____

GAS FITTING INSPECTIOR

SKETCH