MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G

TYPE OR PRINT CLEARLY

CITY: _____ MA. DATE: _____ PERMIT # _____

JOBSITE ADDRESS: _____ OWNER'S NAME: _____

OWNER ADDRESS: _____ TEL: _____ FAX: _____

OCCUPANCY TYPE: COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐

NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

APPLIANCES↓ FLOOR→	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER															
BOOSTER															
CONVERSION BURNER															
COOK STOVE															
DIRECT VENT HEATER															
DRYER															
FIREPLACE															
FRYOLATOR															
FURNACE															
GENERATOR															
GRILLE															
INFRARED HEATER															
LABORATORY COCK															
MAKEUP AIR UNIT															
OVEN															
POOL HEATER															
ROOM / SPACE HEATER															
ROOF TOP UNIT															
TEST															
UNIT HEATER															
UNVENTED ROOM HEATER															
WATER HEATER															

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.

LIABILITY INSURANCE POLICY ☐ OTHER TYPE 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 AGENT

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.

PLUMBER/GASFITTER NAME: _____ LICENSE # _____ _____ SIGNATURE

COMPANY NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

TEL: _____ CELL: _____ EMAIL: _____

MASTER ☐ JOURNEYMAN ☐ LP INSTALLER ☐ CORPORATION ☐ #_____ PARTNERSHIP ☐ # _____ LLC ☐ # _____