MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

G

_____, Mass.
City, Town

AT: Building Location _____

_____

Date _____ 19 _____

Permit # _____

Owner's Name _____

Type of Occupancy: _____

New ☐ Renovation ☐ Replacement ☐

Plans Submitted Yes ☐ No ☐

	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																													

(Print or Type)

Installing Company Name _____

Address _____

_____

Business Telephone _____

_____

Check One: Certificate

☐ Corp. _____

☐ Partnership _____

☐ Firm/Company _____

Name of Licensed Plumber or Gasfitter

_____

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 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.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

_____
Signature of Owner/Agent

I have a current liability insurance policy to include completed operations coverage. ☐

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

TYPE LICENSE: _____

☐ Plumber

☐ Gasfitter

☐ Master

☐ Journeyman

Signature of Licensed Plumber or Gasfitter

_____
License Number