MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

G

_____, Mass. Date_____ 19_____

City, Town

Permit #_____

AT: Building Location_____ 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