



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

CITY _____ MA DATE _____ PERMIT # _____

JOBBSITE ADDRESS _____ OWNER'S NAME _____

G

OWNER ADDRESS _____ TEL _____ FAX _____

TYPE OR PRINT CLEARLY

OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

APPLIANCES ↓ FLOORS →

BSM	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 COCKS														
MAKEUP AIR UNIT														
OVEN														
POOL HEATER														
ROOM / SPACE HEATER														
ROOF TOP UNIT														
TEST														
UNIT HEATER														
UNVENTED ROOM HEATER														
WATER HEATER														
OTHER														

INS RA COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO

IF YOU 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.

SIGNATURE OF OWNER OR AGENT

CHECK ONE ONLY: OWNER AGENT

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.

PLUMBER-GASFITTER NAME _____ LICENSE # _____ SIGNATURE _____

MP MGF JP JGF LPGI CORPORATION # [_____] PARTNERSHIP # [_____] LLC # [_____]

COMPANY NAME: _____ ADDRESS: _____

CITY _____ STATE [_____] ZIP [_____] TEL [_____]

FAX [_____] CELL [_____] EMAIL [_____]