

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)



_____, Mass.

Date _____ 19____

City, Town _____

Permit # _____

Building _____

Owner's _____

AT: Location _____

Name _____

G

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)

Check One: _____ Certificate

Installing Company Name _____

Corp. _____

Address _____

Partnership _____

Firm Company _____

Business Telephone _____

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