



# MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

\_\_\_\_\_, Mass.      Date \_\_\_\_\_ 20 \_\_\_\_\_      Permit #: \_\_\_\_\_

Building Location	Owner's Name
Owner Telephone No.:	Type of Occupancy

New     Renovation     Replacement       Plan Submitted:    Yes     No

### FIXTURES

G	Ranges	Heater ranges	Ovens	Grilles	Heating boilers	Furnaces	Unit heaters	Water heaters	Dryers	Gas generators	Laboratory cocks	Conversions burners	Rooftop units	Vented room heaters	Direct vent heaters	Pool heaters	Tests	Fuel lines	Roof drains	Backflow prev.	Other fixtures:	
	Sub-basement																					
Basement																						
1 <sup>st</sup> floor																						
2 <sup>nd</sup> floor																						
3 <sup>rd</sup> floor																						
4 <sup>th</sup> floor																						
5 <sup>th</sup> floor																						
6 <sup>th</sup> floor																						
7 <sup>th</sup> floor																						
8 <sup>th</sup> floor																						

Installing company name
Address
Business Telephone No.
Name of licensed plumber

Check one:      Certificate \_\_\_\_\_  
 Corporation  \_\_\_\_\_  
 Partnership  \_\_\_\_\_  
 Firm/Co.  \_\_\_\_\_

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 coverage by checking the appropriate box below:

A liability insurance policy       Other type of indemnity       Bond

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's agent \_\_\_\_\_

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 the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws

Approved (OFFICIAL USE ONLY)	
By:	Title:
City/Town:	

Signature of licensed plumber \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 License Type:    Plumber     Gasfitter     Master     Journeyman

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**PROGRESS INSPECTION**

**BELOW FOR OFFICE USE ONLY**

**FEE** \_\_\_\_\_

**NO.** \_\_\_\_\_

**APPLICATION FOR PERMIT TO DO GASFITTING**

**NAME & TYPE OF BUILDING** \_\_\_\_\_

**LOCATION OF BUILDING** \_\_\_\_\_

**PLUMBER OR GASFITTER** \_\_\_\_\_

**LIC. NO.** \_\_\_\_\_

**PERMIT GRANTED**

**DATE** \_\_\_\_\_ 19 \_\_\_\_\_

**GAS INSPECTOR**

**SKETCHES**

**FINAL INSPECTION**

