



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G
TYPE OR
PRINT
CLEARLY

CITY [] MA DATE [] PERMIT # []

JOBSITE ADDRESS [] OWNER'S NAME []

OWNER ADDRESS [] TEL [] FAX []

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 | | | | | | | | | | | | | | | | |
| HEATER RANGE | | | | | | | | | | | | | | | | |
| VENTED ROOM HEATER | | | | | | | | | | | | | | | | |
| GAS PIPING | | | | | | | | | | | | | | | | |

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 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.

CHECK ONE ONLY: OWNER [] AGENT []

SIGNATURE OF OWNER OR 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 []