MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

(Print or Type)

_____ , MA Date _____ 20_____ Permit # _____

Building Location _____ Owner's Name _____

Telephone No. _____ Type of Occupancy _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted: Yes ☐ No ☐

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	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-BMST.																										
BASEMENT																										
1ST FLOOR																										
2ND FLOOR																										
3RD FLOOR																										
4TH FLOOR																										

Installing Company Name _____ Check One: Certificate

Address _____ ☐ Corporation _____

_____ ☐ Partnership _____

Business Telephone _____ ☐ Firm/Co. _____

Name of Licensed Gas Fitter _____

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 of coverage by checking the appropriate box

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.

Check One:

_____ Owner ☐ Agent ☐

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 Gas Code and Chapter 142 of the General Laws.

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

Type of License:

☐ Plumber
☐ Gasfitter
☐ Master
☐ Journeyman

_____

Signature of Licensed Plumber or Gas Fitter

License Number _____

THE COMMONWEALTH OF MASSACHUSETTS

_____ OF _____

PLAN No. _____ Date _____

Permission is hereby granted to

_____ *Gas Fitter,*

and _____ *Owner.*

to construct gas fitting work

at No. _____ *Street*

in accordance with Massachusetts Gas Code.

_____

Gas Inspector

No fixtures are allowed in the basement of building unless Approved by the Plumbing Inspector. This Permit may be revoked by the Board of Health upon violation of any of its Rules and Regulations