Check No. _____ Amount $_____

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

West Boylston, MA Date_____ 19_____ Permit #_____

Building Location_____ Owner's Name_____

_____Type of Occupancy:_____

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

G

	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																									

Installing Company Name_____

Address _____

_____

Business Telephone _____

Name of Licensed Plumber or Gasfitter_____

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.

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