# MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

**G**

City/Town:_____, MA. Date:_____ Permit# _____

Building Location:_____ Owners Name: _____

Type of Occupancy: Commercial ☐ Educational ☐ Industrial ☐ Institutional ☐ Residential ☐

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

**FIXTURES**

| | CONVERSION BURNER | DIRECT VENT HEATERS | DRYERS | FURNACES | GAS GENERATORS | GRILLES | HEATER RANGE | HEATING BOILERS | LABORATORY COCKS | OVENS | POOL HEATERS | RANGES | ROOF TOP UNITS | TESTS | UNIT HEATERS | UNVENTED ROOM HTRS. | VENTED ROOM HTRS. | WATER HEATERS | OTHER FIXTURES: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **SUB BSMT.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1ST FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2ND FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3RD FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4TH FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5TH FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6TH FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7TH FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8TH FLOOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Installing Company Name:** _____

**Address:**_____ **City/Town:**_____ **State:** _____

**Business Tel:** _____ **Fax:** _____

**Name of Licensed Plumber/Gas Fitter:**

**Check One Only** **Certificate #**

☐ Corporation _____

☐ Partnership _____

☐ Firm/Company _____

**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 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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.**

**Check One Only**

**Owner ☐** **Agent ☐**

_____

Signature of Owner or Owner's Agent

**By checking this box ☐; 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.**

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

**Type of License:**

☐ Plumber

☐ Gas Fitter

☐ Master

☐ Journeyman

☐ LP Installer

_____

**Signature of Licensed Plumber/Gas Fitter**

**License Number:** _____