



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G  
TYPE OR  
PRINT  
CLEARLY

CITY: \_\_\_\_\_ MA. DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

JOBBSITE ADDRESS: \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

OCCUPANCY TYPE: COMMERCIAL  EDUCATIONAL  RESIDENTIAL

NEW:  RENOVATION:  REPLACEMENT:  PLANS SUBMITTED: YES  NO

APPLIANCES ↓ FLOOR →	Bsmt	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 COCK															
MAKEUP AIR UNIT															
OVEN															
POOL HEATER															
ROOM / SPACE HEATER															
ROOF TOP UNIT															
TEST															
UNIT HEATER															
UNVENTED ROOM HEATER															
WATER HEATER															

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.

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 \_\_\_\_\_

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 \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MASTER  JOURNEYMAN  LP INSTALLER  CORPORATION  # \_\_\_\_\_ PARTNERSHIP  # \_\_\_\_\_ LLC  # \_\_\_\_\_