



**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	VENTED ROOM HTRS.	WATER HEATERS	WATER CLOSETS	WATER PIPING	OTHER FIXTURES:										
SUB BSMT.																														
BASEMENT																														
1 <sup>ST</sup> FLOOR																														
2 <sup>ND</sup> FLOOR																														
3 <sup>RD</sup> FLOOR																														
4 <sup>TH</sup> FLOOR																														
5 <sup>TH</sup> FLOOR																														
6 <sup>TH</sup> FLOOR																														
7 <sup>TH</sup> FLOOR																														
8 <sup>TH</sup> 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.

\_\_\_\_\_  
Signature of Owner or Owner's Agent Check One Only  
Owner  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: \_\_\_\_\_

**FINAL INSPECTION**

BELOW FOR OFFICE USE ONLY

**PROGRESS INSPECTION(S)**

FEE: \$ \_\_\_\_\_ PERMIT # \_\_\_\_\_

APPLICATION FOR PERMIT TO DO GAS FITTING

\_\_\_\_\_  
\_\_\_\_\_

NAME & TYPE OF BUILDING

\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF BUILDING

\_\_\_\_\_  
\_\_\_\_\_

PLUMBER, GASFITTER, LP INSTALLER

\_\_\_\_\_  
\_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMIT GRANTED  DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GAS FITTING INSPECTOR

**SKETCH**