

# MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)



\_\_\_\_\_, Mass.                      Date \_\_\_\_\_

Building Location \_\_\_\_\_ Owner's Name \_\_\_\_\_

\_\_\_\_\_ Type of Occupancy \_\_\_\_\_

# G

New     Renovation     Replacement     Plans Submitted: Yes  No

## F I X T U R E S

	BOILERS	CONVERSION BURNERS	DIRECT VENT HEATERS	DRYERS	FURNACES	GAS FITTING	GAS GENERATORS	GRILLES	HEATER RANGES	HOT WATER TANKS / HTRS.	LABORATORY COCKS	LOGS / FIREPLACES	OVENS	POOL HEATERS	RANGES	ROOF TOP UNITS	TESTS	UNIT HEATERS	VENTED ROOM HTRS.	UNDERGROUND LINE	UNVENTED ROOM HTRS.	MISCELLANEOUS	
SUB-BSMT.																							
BASEMENT																							
1 <sup>ST</sup> FLOOR																							
2 <sup>ND</sup> FLOOR																							
3 <sup>RD</sup> FLOOR																							
4 <sup>TH</sup> FLOOR																							

Installing Company Name \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name of Licensed Gasfitter \_\_\_\_\_

**Check One:**

- Corporation
- Partnership
- Firm/Co.

**Certificate**

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

**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 gas 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 GASFITTER

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