



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

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City/Town: Date: Permit#
Building Location: Owners Name:
Type of Occupancy: Commercial Educational Industrial Institutional Residential
New: Alteration: Renovation: Replacement: Plans Submitted: Yes No

FIXTURES

Table with columns for fixture types (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) and rows for floors (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: Zip Code: Business Tel: Cell: Fax: Name of Licensed Plumber/Gas Fitter: Check One Only Corporation Partnership Firm/Company 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 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: 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: