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MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO DO GAS FITTING

CITY/TOWN: _____ STATE: MA APPLICATION DATE: _____

JOB ADDRESS: _____

OCCUPANCY TYPE: COMMERCIAL RESIDENTIAL PLANS SUBMITTED: YES NO NEW ALTERATION REPLACEMENT REMOVAL/DEMOLITION

↓ NATURAL & LIQUEFIED PETROLEUM GAS: PIPING - EQUIPMENT - APPLIANCES - SYSTEMS ↓

ENTER TOTAL AMOUNT FOR EACH SELECTION (LIMITED TO FIVE (5) NUMERALS)

AIR ROTATION UNIT	FURNACE: ALL TYPES	TEMP HEATING EQUIPMENT
BOILER: ALL TYPES	GAS PIPING	THERMAL OXIDIZER
BOOSTER	GENERATOR (STATIONARY ENGINE)	TURBINE
BROILER	ILLUMINATING APPLIANCE	UNIT HEATER
BURNER: ALL TYPES	INCINERATOR	WATER HEATER: ALL TYPES
CO-GENERATION UNIT	INDUSTRIAL AIR HANDLER	EQUIPMENT OVER 12,500MBH
COFFEE ROASTER	INFRARED HEATER	↓ OTHER NOT LISTED ↓
COOK APPLIANCE HOUSEHOLD	KILN / GLORY HOLE / CRUCIBLE	
COOK APPLIANCE COMMERCIAL	LABORATORY COCKS	
DECORATIVE APPLIANCE	MAKEUP AIR UNIT	
DIRECT VENT APPLIANCE	MECHANICAL EXHAUST EQUIPMENT	
DRYER: ALL TYPES	OVEN: ALL TYPES	
FIREPLACE: VENTED / UNVENTED	POOL HEATER	
FRYOLATOR	ROOF TOP UNIT	
FUEL CELL	ROOM HEATER-VENTED/VENTLESS	

PLUMBING / GAS FITTING FIRM INFORMATION

NAME: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TEL: _____ FAX: _____ EMAIL: _____

CHECK ONE ONLY

Corporation Business # _____
 Partnership Business # _____
 LLC Business # _____
 DBA / Unincorporated

NAME OF LICENSED PLUMBER / GAS FITTER: _____

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 _____

OWNER'S NAME: _____ TEL: _____ FAX: _____

I hereby certify that all of the details and information I have submitted (or entered) regarding this permit application is true and accurate to the best of my knowledge. I certify that all plumbing work and installations performed under the permit issued, will be in compliance with all pertinent provisions of the Massachusetts Uniform State Plumbing Code, and Chapter 142 of the General Laws.

(OFFICE USE ONLY)

Permit # _____
 Inspector _____
 Fee: _____

Type of License:

Plumber Gasfitter
 Master Journeyman
 Undiluted LP Installer
 Limited LP Installer

Signature of Licensed Plumber / Gas Fitter _____

License Number: _____