



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G
TYPE OR PRINT CLEARLY

CITY MA DATE PERMIT #
JOBSITE ADDRESS OWNER'S NAME
OWNER ADDRESS TEL FAX
OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL
NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

Table with columns: APPLIANCES, FLOORS, BSM, 1-14. Rows include: BOILER, BOOSTER, CONVERSION BURNER, COOK STOVE, DIRECT VENT HEATER, DRYER, FIREPLACE, FRYOLATOR, FURNACE, GENERATOR, GRILLE, INFRARED HEATER, LABORATORY COCKS, MAKEUP AIR UNIT, OVEN, POOL HEATER, ROOM / SPACE HEATER, ROOF TOP UNIT, TEST, UNIT HEATER, UNVENTED ROOM HEATER, WATER HEATER, OTHER.

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 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

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.

PLUMBER-GASFITTER NAME LICENSE # SIGNATURE
MP MGF JP JGF LPGI CORPORATION # PARTNERSHIP # LLC #
COMPANY NAME ADDRESS
CITY STATE ZIP TEL
FAX CELL EMAIL