

**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

| APPLIANCES ↓ | FLOORS → | BSM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----------------------|----------|-----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| 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 COVERAGEI 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 _____

