



# 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 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.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

CHECK ONE ONLY:    OWNER     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