



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: _____

NAME OF LICENSED PLUMBER / GAS FITTER: _____

CHECK ONE ONLY

Corporation Business # _____

Partnership Business # _____

LLC Business # _____

DBA / Unincorporated

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: _____