$_____

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

_____, Mass. Date _____ 20 _____

Building Location _____

_____

Permit# _____

Owner's Name _____

Type of Occupancy: _____

New ☐ Renovation ☐ Replacement ☐ Fee ☐

Plans Submitted Yes ☐ No ☐

	SUB-BSMT.	BASEMENT	RANGES	HEATER RANGERS	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED ROOM HTRS.	DIRECT VENT HTRS.	POOL HEATERS	TESTS	OTHER									
SUB-BSMT.																												
BASEMENT																												
1ST FLOOR																												
2ND FLOOR																												
3RD FLOOR																												
4YH FLOOR																												
5TH FLOOR																												
6TH FLOOR																												
7TH FLOOR																												
8TH FLOOR																												

Print or Type

Check One

Certificate

Installing Company Name _____ ☐ Corp.

Address _____ ☐ Partnership

_____ ☐ Firm Company

Business Telephone _____ Name of Licensed Plumber or Gasfitter

_____

I hereby certify that all the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installation performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.
I have informed the owner or his agent that I do not have liability insurance including completed operations coverage..

_____
Signature of Owner Agent

I have a current liability insurance policy to include completed operations coverage ☐

For inspections, call: Gary Corey
Boxborough
(978) 263-5595
7:00 a.m. - 5:00 p.m.

TYPE LICENSE _____

☐ Plumber
☐ Gasfitter
☐ Master
☐ Journeyman

Signature of Licensed Plumber or Gasfitter

_____
License Number