



**MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO DO GAS FITTING**

CITY/TOWN: \_\_\_\_\_ STATE: MA APPLICATION DATE: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

**G**

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.

\_\_\_\_\_  
Signature of Owner or Owner's Agent

**CHECK ONE ONLY**  
OWNER  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.

<b>(OFFICE USE ONLY)</b> Permit # _____ Inspector _____ Fee: _____	<b>Type of License:</b> <input type="checkbox"/> Plumber <input type="checkbox"/> Gasfitter <input type="checkbox"/> Master <input type="checkbox"/> Journeyman <input type="checkbox"/> Undiluted LP Installer <input type="checkbox"/> Limited LP Installer	_____ Signature of Licensed Plumber / Gas Fitter License Number: _____
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