MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING
(Print or Type)

City, Town _____________________________ Date ____________

Building _____________________________ Permit # _____________________________

AT: Location ___________________________ Owner's Name _____________________________

Type of Occupancy: _____________________________

New ☐ Renovation ☐ Replacement ☐

Plans Submitted Yes ☐ No ☐

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<tr>
<th>Floor</th>
<th>Ranges</th>
<th>Heat Ranges</th>
<th>Heaters</th>
<th>Water Heaters</th>
<th>Gas Generators</th>
<th>Laboratory Cocks</th>
<th>Conversion Burners</th>
<th>Roof Top Units</th>
<th>Vented Room Htrs.</th>
<th>Direct Vent Htrs.</th>
<th>Pool Heaters</th>
<th>Tests</th>
<th>Other</th>
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(Print or Type)

Installing Company Name _____________________________ Check One:

Address ___________________________________________ Certificate

Business Telephone _____________________________ Name of Licensed Plumber or Gasfitter

I hereby certify that all of 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 installations 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. ☐

By _____________________________ TYPE LICENSE:

Title _____________________________ Signature of Licensed Plumber or Gasfitter

City Town _____________________________ License Number

APPROVED (OFFICE USE ONLY)