

(Print or Type)



Mass. Date 19 Permit #

Building Location Owner's Name

Type of Occupancy

New Renovation Replacement Plans Submitted: Yes No

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Table with columns for equipment types (RANGES, HEATER RANGES, OVENS, GRILLES, HEATING BOILERS, FURNACES, UNIT HEATERS, WATER HEATERS, DRYERS, GAS GENERATORS, LABORATORY COCKS, CONVERSION BURNERS, ROOF TOP UNITS, VENTED ROOM HTRS., DIRECT VENT HTRS., POOL HEATERS, TESTS, OTHER) and rows for floors (SUB-BSMT., BASEMENT, 1ST FLOOR, 2ND FLOOR, 3RD FLOOR, 4TH FLOOR, 5TH FLOOR, 6TH FLOOR, 7TH FLOOR, 8TH FLOOR).

Installing Company Name

Address

Business Telephone

Name of Licensed Plumber or Gas Fitter

Check one: Certificate

Corporation

Partnership

Firm/Co.

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 coverage by checking the appropriate box.

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 Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:

Owner Agent

Signature of Owner or Owner's Agent

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 the 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.

By

Title

City/Town

APPROVED (OFFICE USE ONLY)

Type of License

- Plumber Gasfitter Master Journeyman

Signature of Licensed Plumber or Gas Fitter

License Number