

# MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

\_\_\_\_\_, Mass. Date \_\_\_\_\_ 20\_\_\_\_ Permit # \_\_\_\_\_

Building Location \_\_\_\_\_ Owner's Name \_\_\_\_\_

Owner Tel# \_\_\_\_\_ Type of Occupancy \_\_\_\_\_

New ☐ Renovation ☐ Replacement ☐

Plan Submitted: Yes ☐ No ☐

## FIXTURES

# G

[illegible]

Installing Company Name\_\_\_\_\_

Check one: ☒ Certificate

Address \_\_\_\_\_

☐ Corporation \_\_\_\_\_

Business Telephone # \_\_\_\_\_

☐ Partnership \_\_\_\_\_

☐ Firm/Co. \_\_\_\_\_

Name of Licensed Plumber or Gas Fitter \_\_\_\_\_

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 ☐

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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:

9 Plumber

9 Gas fitter

9 Master

9 Journeyman

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Signature of Licensed Plumber or Gas Fitter

License Number