FEE: $

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

COHASSET ,Mass. Date _____ 20____ Permit # _____

Building Location _____ Owner's Name _____

Owner Tel# _____ Type of Occupancy _____

New ☐ Renovation ☐ Replacement ☐ Plan Submitted: Yes ☐ No ☐

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NOTE:
Rough & Final inspections are required for every job – NO EXCEPTIONS.

Plumber will be contacted if an inspection has not been requested within 1 month of permit date.

Permit will be cancelled if an inspection is not requested within three (3)months of permit date.

FIXTURES

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

Installing Company Name _____ Check one: Certificate

Address _____ ☐ Corporation _____

_____ ☐ Partnership _____

Business Telephone # _____ ☐ 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 ☐
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
- Gas fitter
- Master
- Journeyman

_____
Signature of Licensed Plumber or Gas Fitter

License Number _____