

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

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 HTS	POOL HEATERS	TESTS	OTHER	FUEL LINES																						
SUB-BSMT																																									
BASEMENT																																									
1 ST FLOOR																																									
2 ND FLOOR																																									
3 RD FLOOR																																									
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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.

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 _____