

Massachusetts Uniform Application For Permit to do Gasfitting

(print or type)



Great Barrington, Massachusetts

Date: _____, 20____

At: Location: _____

Permit # _____

Owner: _____

Type of Occupancy: _____

G

New

Renovation

Replacement

Plans Submitted

Yes

No

	Ranges	Heater Ranges	Ovens	Heating Boilers	Furnaces	Unit Heaters	Water Heaters	Dryers	Gas Generators	Laboratory Cocks	Conversion Burners	Rooftop Units	Vented Room Htrs.	Direct Vent Htrs.	Pool Heaters	Tests	Other																					
Sub-Bsmt																																						
Basement																																						
1 st floor																																						
2 nd floor																																						
3 rd floor																																						
4 th floor																																						
5 th floor																																						
6 th floor																																						
7 th floor																																						
8 th floor																																						

(Print or Type)

Check one

Cert. #

Installing Company Name: _____

Corporation _____

Address: _____

Partnership _____

City / State / Zip: _____

Firm / Company _____

Business Tel. #: _____

PRINT Name of Licensed Plumber: _____

Insurance Coverage:

I have current liability insurance policy or its substantial equivalent, which meets the requirements of M.G.L. Ch. 142.

Yes

No

If you have checked yes, please indicate the type of 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

Check One

Signature of Owner or Owner's Agent

Owner

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 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 _____ <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Approved</p>	
--	--

Type License

Plumber

Gasfitter

Master

Journeyman

Signature of licensed plumber / gasfitter

License Number

BELOW FOR OFFICE USE ONLY

FINAL INSPECTIONS

SKETCHES

PROGRESS INSPECTIONS

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO GASFITTING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

PERMIT GRANTED

DATE _____ 20 _____

GAS INSPECTOR
