MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

PERMIT #_____

FEE _____
CK # _____
DATE _____

Bridgewater, Mass

AT: Location _____

_____

Owner's
Name _____

Type of Occupancy:_____

DATE _____

G

NEW ☐ RENOVATIONS ☐ REPLACEMENT ☐

Plans Submitted YES ☐ NO ☐

	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	SPACE HEATERS	POOL HEATERS	TESTS	OTHER								
SUB - BSMT																									
BASEMENT																									
1ST FLOOR																									
2ND FLOOR																									
3RD FLOOR																									
4TH FLOOR																									

(Print or Type)

Installing Company Name_____

Address_____

_____

Business Telephone_____

_____

Check one: Certificate

☐ Corp. _____

☐ Partnership _____

☐ Firm/Company _____

Name of Licensed Plumber or Gas fitter

_____

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 the application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

*I have informed the owner or his agent that I do not have liability insurance, including completed operations coverage

_____

(Signature of Owner/Agent)

* I have a current liability insurance policy to include completed operations coverage . ☐

TYPE LICENSE: _____

☐ Plumber
☐ Gas fitter
☐ Master
☐ Journeyman

Signature of Licensed Plumber or Gas fitter

_____

License Number