



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

CITY: \_\_\_\_\_ MA. DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_ **OWNER'S NAME:** \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

OCCUPANCY TYPE: COMMERCIAL  EDUCATIONAL  RESIDENTIAL

NEW:  RENOVATION:  REPLACEMENT:  PLANS SUBMITTED: YES  NO

## INSURANCE COVERAGE

I have a current **liability** insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142

If you have checked YES, please indicate the type of coverage by checking the appropriate box below.

**LIABILITY INSURANCE POLICY**

**OTHER TYPE INDEMNITY**

BOND

**OWNER'S INSURANCE WAIVER:** I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER  AGENT

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**SIGNATURE OF OWNER OR AGENT**

hereby certify that all of the details and information I have submitted (or entered) regarding this 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 provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER/GASFITTER NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_ SIGNATURE \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MASTER  JOURNEYMAN  LP INSTALLER  CORPORATION  #  #  #

**ROUGH GAS INSPECTION NOTES**

**THIS PAGE FOR INSPECTOR USE ONLY**

Yes  No

**THIS APPLICATION SERVES AS THE PERMIT**

**FEE: \$ \_\_\_\_\_ PERMIT # \_\_\_\_\_**

**PLAN REVIEW NOTES**

**FINAL INSPECTION NOTES**