

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

(Type or print)
NORTH ANDOVER, MASSACHUSETTS

Date _____

Building Locations _____

Permit # _____
 Amount \$ _____

Owner's Name _____

New Renovation Replacement Plans Submitted _____

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

(Print or type)
 Name _____
 Address _____
 Business Telephone _____
 Name of Licensed Plumber or Gas Fitter _____

Check one: Certificate Installing Company
 Corp. _____
 Partner. _____
 Firm/Co. _____

INSURANCE COVERAGE
 I have a current liability Insurance policy or it's substantial equivalent. Yes No
 If you have checked yes, please indicate the type coverage by checking the appropriate box.
 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:
 Signature of Owner or Owner's Agent _____ Owner 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 _____
APPROVED (OFFICE USE ONLY)

 Signature of Licensed Plumber Or Gas Fitter
 Plumber
 Gas Fitter License Number _____
 Master
 Journeyman