MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

WINTHROP, Mass. Date _____ 20 _____
City, Town

Permit # _____

Building
AT: Location _____ Owner's
Name _____

G

_____ Type of Occupancy: _____

New ☐ Renovation ☐ Replacement ☐

Plans Submitted Yes ☐ No ☐ VALUE OF WORK _____

	RANGES	HEATER RANGES	OVENS	GRILLES	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-BSMT.																												
BASEMENT																												
1ST FLOOR																												
2ND FLOOR																												
3RD FLOOR																												
4TH FLOOR																												
5TH FLOOR																												
6TH FLOOR																												
7TH FLOOR																												
8TH FLOOR																												

(Print or Type)

Installing Company Name _____ Check One: Certificate

☐ Corp. _____

Address _____ ☐ Partnership _____

_____ ☐ Firm/Company _____

Business Telephone _____ Name of Licensed Plumber or Gasfitter

I HAVE INFORMED THE OWNER OR HIS AGENT THAT I DO NOT HAVE LIABILITY INSURANCE, INCLUDING COMPLETED OPERATION COVERAGE.

_____ _____

SIGNATURE OF 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)

TYPE LICENSE:

☐ Plumber
☐ Gasfitter
☐ Master
☐ Journeyman

_____
Signature of Licensed Plumber or Gasfitter

_____
License Number